1				
LIGO FINANONO OTATEMENT				
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS	~			
A. NAME & PHONE OF CONTACT AT FILER (optional)	O//.			
Corporation Service Company 1-800-858-	ed In: Rhode Island (S.O.S.)			
B. E-MAIL CONTACT AT FILER (optional)	CEDia.			
SPRFiling@cscinfo.com	محرص ا			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	@0			
87117074 - 335380				
Corporation Service Company	' 			
801 Adlai Stevenson Drive				
Springfield, IL 62703	ed In: Rhode Island			
`	(S.O. <u>S.)</u>	/5 004 05 10 500 511 INO 055105 HOS		
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use		/E SPACE IS FOR FILING OFFICE USE		
name will not fit in line 1b, leave all of item 1 blank, check here are				
1a. ORGANIZATION'S NAME WILKINSON ASSOCIAT	ES, INC.			
OB				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
A. MANUNO ADDRESS CAF. JEFFFD COALDING				
1c. MAILING ADDRESS 615 JEFFERSON BLVD	WARWICK	STATE POSTAL CODE	USA	
- DEDTODIO				
 DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use name will not fit in line 2b, leave all of item 2 blank, check here and an armount of the provided in the provided in	exact, full name; do not omit, modify, or abbreviate any id provide the Individual Debtor information in item 10 i			
2a. ORGANIZATION'S NAME	provide the marriada bester institution in term to	of the Financing Statement Addendari (Form C		
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
c. MAILING ADDRESS	СІТҮ	STATE POSTAL CODE	COUNTRY	
B. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN	IOR SECURED PARTY): Provide only one Secured Pa	arty name (3a or 3b)		
3a. ORGANIZATION'S NAME RBS Citizens, N.A.				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
		TODATIONAL NAME (O)MITTAE(O)	301712	
BC. MAILING ADDRESS One Citizens Plaza	CITY	STATE POSTAL CODE	COUNTRY	
0.10 0.120,10 ; [d23	Providence	RI 02903	USA	
. COLLATERAL: This financing statement covers the following collaters				
All personal property of Debtor of every kind a				
including without limitation, the following categ	•			
Commercial Code: goods (including inventory,	, equipment, fixtures, farm product	s, and any accessories there	to),	
instruments (including promissory notes), docu	uments, accounts (including health	n-care-insurance receivables)	, chattel	
paper (whether tangible or electronic), deposit	accounts, letter-of-credit rights (w	hether or not the letter of cre	dit is	
evidenced by a writing), commercial tort claims				
(including payment intangibles and software),	supporting obligations and any an	d all records of, accessions to	o and	
products and proceeds of the foregoing.	5	·		
Any term used herein which is defined in eithe	r (i) Article 9 of the Uniform Comm	nercial Code as in effect in the	2	
jurisdiction in which this financing statement w	* *			
authenticated or (ii) Article 9 of the Uniform Co			-	
	n a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Persona		
a. Check only if applicable and check only one box:		6b. Check only if applicable and check only		
Public-Finance Transaction Manufactured-Home Transa	ction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC	Filing	
. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor Seller/Buy	rer Bailee/Bailor Licen	isee/Licensor	
8. OPTIONAL FILER REFERENCE DATA:			97117074	

UCC FINANCING STATEMENT ADDENDUM

	LOW INSTRUCTIONS		blook	I			
	IAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stateme ecause Individual Debtor name did not fit, check here	ent; if line 1d was left	Diank				
	9a. ORGANIZATION'S NAME	_					
	WILKINSON ASSOCIATES, INC.						
R	9b. INDIVIDUAL'S SURNAME	···					
	FIRST PERSONAL NAME						
			WIEELY				
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX		DOVE 40145		
).	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name	ne or Debtor name th	nat did not fit in			S FOR FILING OFFICE statement (Form UCC1) (us	
	do not omit, modify, or abbreviate any part of the Debtor's name) and enter t						
	10a. ORGANIZATION'S NAME						
R	10b. INDIVIDUAL'S SURNAME						
	INDIVIDUAL'S FIRST PERSONAL NAME						
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
					·		
c.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTR
:	11b INDIVIDUAL'S SURNAME	FIRST PERSO	FIRST PERSONAL NAME			ADDITIONAL NAME(S)/INITIAL(S)	
<u>.</u>	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTR
ın	s financing statement is filed, has the meaning t der the more encompassing of the two definition rsonal property of the Debtor.						
		14.4 TES TIMES	ICING STATE	AFAIT.			
· į	This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable)	1	stimber to be o		vers as-extracted of	collateral is filed as	a fixture filing
	ame and address of a RECORD OWNER of real estate described in item 16						
Ų	f Debtor does not have a record interest):						