UCC FINANCING STATEMENT				
A. NAME & PHONE OF CONTACT AT FILER (optional)	1			
B. E-MAIL CONTACT AT FILER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
McCorry and Gannon 727 Central Avenue	7			
Pawtucket, RI 02861				
		VE SDACE IS EO	R FILING OFFICE USE	ONI Y
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b)	(use exact, full name; do not omit, modify, or abbreviate an	y part of the Debtor	's name); if any part of the Ir	ndividual Debtor'
name will not fit in line 1b, leave all of item 1 blank, check here  1a. ORGANIZATION'S NAME	and provide the Individual Debtor information in item 10	or the Financing St	atement Addendum (Form U	uu (MU)
ARMA LLC  1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	CITY	STATE	POSTAL CODE	COUNTRY
c. MAILING ADDRESS 11 Hanks Way	Attleboro	MA	02703	USA
name will not fit in line 2b, leave all of item 2 blank, check here  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME	and provide the Individual Debtor information in item 10		NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	СПҮ	STATE	POSTAL CODE	COUNTRY
B. SECURED PARTY'S NAME (or NAME of ASSIGNEE of AS	SSIGNOR SECURED PARTY): Provide only one Secured F	Party name (3a or 3b	))	
33. ORGANIZATION'S NAME  Pawtucket Credit Union				SUFFIX
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)	
3c. MAILING ADDRESS 1200 Central Avenue	Pawtucket	STATE RI	POSTAL CODE 02861	COUNTRY
4. COLLATERAL: This financing statement covers the following co All fixtures and all tangible and intangible p- debtor including, without limitation, all equi trademarks, licenses, instruments of title, ins	ersonal property of the debtor whethe ipment, machinery, tools, furniture, in	ventory, cash	ı, account receivab	ired by the les, patent
5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is	held in a Trust (see UCC1Ad, item 17 and Instructions)	being administe	ered by a Decedent's Person	al Representativ
5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is		6b. Check only	ered by a Decedent's Person if applicable and check <u>only</u> itural Lien Non-UCC	one box:

## **UCC FINANCING STATEMENT ADDENDUM**

NAME OF FIRST PERTORS	Figure 6 Chateman h 161	Sure de como lado blanto	1				
NAME OF FIRST DEBTOR: Same as line 1a or 1b on because Individual Debtor name did not fit, check here	Financing Statement; if I	ine 16 was left blank					
9a. ORGANIZATION'S NAME							
ARMA LLC							
S C INDIVIDUAL S CURNAMS		····					
9b. INDIVIDUAL'S SURNAME							
FIRST PERSONAL NAME							
THO FELOURAL NAME.							
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX					
			THE ABOVE	SDACE	IS FOR FILING	G OEEICE II	SE ONI V
L DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> ad	Iditional Debtor name or I	Debtor name that did not fit in					
do not omit, modify, or abbreviate any part of the Debtor's							A001, 1011 1101
10a. ORGANIZATION'S NAME							
10b. INDIVIDUAL'S SURNAME					•		
INDIVIDUAL'S FIRST PERSONAL NAME			-				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)							SUFFIX
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. MAILING ADDRESS		CITY		STATE	POSTAL COD	E	COUNTRY
	i						
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ADDITIONAL SECURED PARTY'S NAME	or Assigno	R SECURED PARTY	S NAME: Provide	only <u>one</u> na	ame (11a or 11b	)	
ADDITIONAL SECURED PARTY'S NAME	or Assigno	OR SECURED PARTY	S NAME: Provide	only <u>one</u> na	ame (11a or 11b	)	
11a. ORGANIZATION'S NAME		OR SECURED PARTY	S NAME: Provide				SUFFIX
11a. ORGANIZATION'S NAME			S NAME: Provide		ame (11a or 11b		SUFFIX
11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME			S NAME: Provide (			NITIAL(S)	SUFFIX
11a. ORGANIZATION'S NAME		FIRST PERSONAL NAME	S NAME: Provide o	ADDITIO	NAL NAME(S)/I	NITIAL(S)	
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME  . MAILING ADDRESS		FIRST PERSONAL NAME	S NAME: Provide of	ADDITIO	NAL NAME(S)/I	NITIAL(S)	
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11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME  . MAILING ADDRESS		FIRST PERSONAL NAME	S NAME: Provide of	ADDITIO	NAL NAME(S)/I	NITIAL(S)	
11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  . MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):		FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/I	NITIAL(S)	
11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  . MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):		FIRST PERSONAL NAME  CITY  14. This FINANCING STATE	MENT:	STATE	NAL NAME(S)/I	NITIAL(S)	COUNTRY
This FINANCING STATEMENT is to be filed [for recorded ESTATE RECORDS (if applicable)]  Name and address of a RECORD OWNER of real estate desired.	rd] (or recorded) in the	FIRST PERSONAL NAME	MENT: :ut  □ covers as-	STATE	NAL NAME(S)/I	NITIAL(S)	COUNTRY
11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  . MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):	rd] (or recorded) in the	FIRST PERSONAL NAME  CITY  14. This FINANCING STATE  covers timber to be compared to the content of the content	MENT: :ut  covers as-	STATE	NAL NAME(S)/I	NITIAL(S)	COUNTRY
This FINANCING STATEMENT is to be filed [for recorded ESTATE RECORDS (if applicable)]  Name and address of a RECORD OWNER of real estate desired.	rd] (or recorded) in the	FIRST PERSONAL NAME  CITY  14. This FINANCING STATE  covers timber to be of the covers timber timber to be of the covers timber	MENT: covers as-	STATE	NAL NAME(S)/I	NITIAL(S)	COUNTRY
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