| UCC FINANCING STATEMENT   |   |             |  |              |
|---|---|-------------|--|--------------|
| FOLLOW INSTRUCTIONS   | <del></del>   |             |  |              |
| A. NAME & PHONE OF CONTACT AT FILER (optional)  Corporation Service Company 1-800-858-5294  |   |             |  |              |
| B. E-MAIL CONTACT AT FILER (optional)   |   |             |  |              |
| SPRFiling@cscinfo.com   | fd. <sup>CO</sup>                                       |             |  |              |
| Corporation Service Company 1-800-858-5294  B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address)  87786404 - 335380 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703  Filed In: Rhode Island  |   |             |  |              |
| 87786404 - 335380   | <sup>99</sup> 7 I                                       |             |  |              |
| Corporation Service Company   | `   |             |  |              |
| 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Ri  | hada lalaad   |             |  |              |
| Springheid, it 62703 "Filed in: Ki  | (S.O.S.)  |             |  |              |
|   | `   | CE IS FO    | R FILING OFFICE USE  | ONLY         |
| 1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  |   |             |  |              |
|   | the Individual Debtor Information in Item 10 of the Fil | nancing Sta | etement Addendum (Form L   |              |
| 1a. ORGANIZATION'S NAME STONE COVE MARINA, INC.   |   |             |  |              |
| OR 1b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAME                                     | ADDITIO     | NAL NAME(S)/INITIAL(S)   | SUFFIX       |
|   |   |             |  |              |
| 1c. MAILING ADDRESS 134 SALT POND RD  | CITY  | STATE       | POSTAL CODE  | COUNTRY      |
|   | WAKEFIELD   | RI          | 02879  | USA          |
| 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)   |   |             |  |              |
| 2a ORGANIZATION'S NAME  |   |             |  |              |
|   |   |             |  |              |
| OR 2b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAME                                     | ADDITIO     | NAL NAME(S)/INITIAL(S)   | SUFFIX       |
|   |   |             |  |              |
| 2c. MAILING ADDRESS   | CITY  | STATE       | POSTAL CODE  | COUNTRY      |
| OF OUR FOR PARTIES  |   |             |  |              |
| 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gne Secured Party name (3a or 3b)  [3a. ORGANIZATION'S NAME RBS Citizens, N.A.  |   |             |  |              |
|   |   |             |  |              |
| OR 3b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAME                                     | ADDITION    | NAL NAME(S)/INITIAL(S)   | SUFFIX       |
|   |   |             |  |              |
| 3c. MAILING ADDRESS One Citizens Plaza  | Providence  | STATE<br>RI | POSTAL CODE<br>02903   | USA          |
| 4 COLLATERAL TO COLLABORATION OF THE COLLABORATION | Tovidono  | l.'''       | 02000  | 00,1         |
| 4. COLLATERAL: This financing statement covers the following collateral:  All personal property of Debtor of every kind and nature, wherever located, whether now owned or hereafter acquired,  |   |             |  |              |
| including without limitation, the following categories of property as defined in Revised Article 9 of the Uniform   |   |             |  |              |
| Commercial Code: goods (including inventory, equipment, fixtures, farm products, and any accessories thereto),  |   |             |  |              |
| instruments (including promissory notes), documents, accounts (including health-care-insurance receivables), chattel  |   |             |  |              |
| paper (whether tangible or electronic), deposit accounts, letter-of-credit rights (whether or not the letter of credit is   |   |             |  |              |
| evidenced by a writing), commercial tort claims, secu   | urities and all other investment pr                     | operty,     | general intangib   | es           |
| (including payment intangibles and software), suppo   | rting obligations and any and all i                     | records     | of, accessions to  | o and        |
| products and proceeds of the foregoing.   |   |             |  |              |
|   |   |             |  |              |
| Any term used herein which is defined in either (i) Article 9 of the Uniform Commercial Code as in effect in the  |   |             |  |              |
| jurisdiction in which this financing statement was sig  | ·   |             |  | _            |
| authenticated or (ii) Article 9 of the Uniform Commercial Code as in effect at any relevant time in the jurisdiction in which   |   |             |  |              |
|   |   |             | ed by a Decedent's Persona   |              |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box:  Public-Finance Transaction  Manufactured-Home Transaction   | A Debtor is a Transmitting Utility                      | -           | applicable and check <u>only</u> our of the and check only our only on the angle of the |              |
|   | Consignee/Consignor Seller/Buyer                        |             |  | see/Licensor |
| 8. OPTIONAL FILER REFERENCE DATA:   |   |             |  |              |
|   |   |             |  | 87786404     |

## UCC FINANCING STATEMENT ADDENDUM **FOLLOW INSTRUCTIONS** 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME STONE COVE MARINA, INC. OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME OR 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS COUNTRY CITY ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 1a ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY 11c. MAILING ADDRESS CITY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): this financing statement is filed, has the meaning to be ascribed thereto with respect to any particular item of property under the more encompassing of the two definitions. This financing statement covers, and is intended to cover, all personal property of the Debtor. 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: covers timber to be cut covers as-extracted collateral is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate:

17. MISCELLANEOUS: