

## UCC FINANCING STATEMENT

### FOLLOW INSTRUCTIONS

|  |
|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br><b>Thomas J. Percy, Esq. 50-828-1900</b>                                 |
| B. E-MAIL CONTACT AT FILER (optional)<br><b>dasunderland@percylawgroup.com</b>   |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br><b>Percy Law Group, P.C.<br/>4 Court Street<br/>Taunton, MA 02780</b> |

THE ABOVE SPACE IS FOR 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 ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

|  |                     |                                 |                       |                             |
|--|---------------------|---------------------------------|-----------------------|-----------------------------|
| 1a. ORGANIZATION'S NAME<br><b>Kripalu, LLC</b>         |                     |                                 |                       |                             |
| OR<br>1b. INDIVIDUAL'S SURNAME                         | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S)   |                       | SUFFIX                      |
| 1c. MAILING ADDRESS<br><b>60 Eddie Dowling Highway</b> |                     | CITY<br><b>North Smithfield</b> | STATE<br><b>RI</b>    | POSTAL CODE<br><b>02896</b> |
|  |                     |                                 | COUNTRY<br><b>USA</b> |                             |

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<br>2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) |       | SUFFIX      |
| 2c. MAILING ADDRESS            |                     | CITY                          | STATE | POSTAL CODE |
|                                |                     |                               |       | COUNTRY     |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

|  |                     |                               |                       |                             |
|--|---------------------|-------------------------------|-----------------------|-----------------------------|
| 3a. ORGANIZATION'S NAME<br><b>Webster Bank, National Association</b> |                     |                               |                       |                             |
| OR<br>3b. INDIVIDUAL'S SURNAME                                       | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) |                       | SUFFIX                      |
| 3c. MAILING ADDRESS<br><b>609 West Johnson Avenue</b>                |                     | CITY<br><b>Cheshire</b>       | STATE<br><b>CT</b>    | POSTAL CODE<br><b>06410</b> |
|  |                     |                               | COUNTRY<br><b>USA</b> |                             |

4. COLLATERAL: This financing statement covers the following collateral:

**Second Priority fixture filing lien on property located at 60 Eddie Dowling Highway, North Smithfield, Providence County, Rhode Island.**

The Loan secured by this lien was made under a United States Small business Administration (SBA) nationwide program which uses tax dollars to assist small business owners. If the United States is seeking to enforce this documents, then under SBA regulations: a) When SBA is the holder of the Note, this document and all documents evidencing or securing this Loan will be construed in accordance with federal law. b) Lender or SBA may use local or state procedures for purposes such as filing papers, recording documents, giving notice, foreclosing liens, and other purposes. By using these procedures, SBA does not waive any federal immunity from local or state control, penalty, tax or liability. No Borrower or Guarantor may claim or assert against SBA any local or state law to deny any obligation of Borrower, or defect any claim of SBA which respect to this Loan.

Any clause in this document requiring arbitration is not enforceable when SBA is the holder of the Note secured by this instrument.

|   |  |
|---|--|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative     |  |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility            |  |
| 6b. Check <u>only</u> if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing  |  |
| 7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser |  |
| 8. OPTIONAL FILER REFERENCE DATA:   |  |

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

Kripalu, LLC

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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

CITY

STATE

POSTAL CODE

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

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 (if Debtor does not have a record interest):  
  
Debtor is owner by virtue of a Quitclaim Deed recorded with the North Smithfield Land Evidence.

16. Description of real estate:  
  
The land with the buildings and improvements thereon located at 60 Eddie Dowling Avenue, North Smithfield, Providence County, Rhode Island 02896.

17. MISCELLANEOUS:  
14-159