UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS	IT					
A. NAME & PHONE OF CONTACT AT FILER (optional) David C. Kmetz, VP (401)-348-1216		1				
B. E-MAIL CONTACT AT FILER (optional)						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		1				
The Washington Trust Company						
Commercial Lending Department 23 Broad Street						
Westerly, RI 02891						
<u> L</u>	الـ	THE ABOVE SPA	CE IS FO	R FILING OFFICE USE C	NLY	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 200907937070	-	1b. This FINANCING STATE	MENT AMI	ENDMENT is to be filed (for I	ecord]	
200907937070 Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 2. TERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement						
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8						
4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is						
continued for the additional period provided by applicable law						
5. PARTY INFORMATION CHANGE: Check one of these two boxes: AND Check one of these three boxes to:						
Chack <u>one</u> of these two boxes. CHANGE name and/or address: Complete — ADD name: Complete item — DELETE name: Give record name to be deleted in item 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c — 7a or 7b, <u>and</u> item 7c — to be deleted in item 6a or 6b						
CURRENT RECORD INFORMATION: Complete for Party Information Chan Ga. ORGANIZATION'S NAME	nge - provide only	one name (6a or 6b)				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX			
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informal [7a. ORGANIZATION'S NAME]	tion Change - provide	only <u>one</u> name (7a or 7b) (use exact, full n	ame; do not o	mit, modify, or abbreviate any part of	the Debtor's name)	
OCEAN HOUSE PROPERTIES, INC.						
OR 75. INDIVIDUAL'S SURNAME					-	
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX	
7c. MAILING ADDRESS 60 Town Dock Road	Charlest	town	RI	POSTAL CODE 02813	USA	
	D collateral	DELETE collateral	RESTATE	covered collateral A	SSIGN collateral	
Indicate collateral:						
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A	MENDMENT: F	Provide only one name (9a or 9b) (name of As	signor, if this is an Assignmen	nt)	
	name of authorizi					
The Washington Trust Company						
OR 96. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
10. OPTIONAL FILER REFERENCE DATA:			1			
#92494870						