UCC FINANCING STATEMENT FOLLOWINSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional)				
	·5294			
Corporation Service Company 1-800-858- B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 90420361 - 335380 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Fill 1 DERTOP'S NAME: Provide activing Debter care (10 or 10) tree	col,			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	-1040.			
90420361 - 335380	ce ^C '' ¬ [
Corporation Service Company	'			
801 Adlai Stevenson Drive				
Springfield, IL 62703 Fil	ed in: Rhode Island			
F Ellin	(S.O.S.)	VE SPACE 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 ar			
name will not fit in line 1b, leave all of item 1 blank, check here ar	nd provide the Individual Debtor information in item 10			
1a. ORGANIZATION'S NAME Gecko Marine Inc				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	TADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
		1.55	, , , <u>, , , , , , , , , , , , , , , , </u>	
1c. MAILING ADDRESS 84 CUTLER ST UNIT 2	CITY	STATE	POSTAL CODE	COUNTRY
	WARREN	RI	02885	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use	exact, full name; do not omit, modify, or abbreviate an	ny part of the Debtor	's name); if any part of the ii	ndividual Debtor's
	d provide the Individual Debtor information in item 10	of the Financing St	atement Addendum (Form U	ICC1Ad)
2a. ORGANIZĂTIÔN'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	LADDITIO	NAL NAME(S)//NITIAL(S)	SUFFIX
ES. HISTORIES SSTOWARE	THOST ENGOGAE NOME	ADDITIO	NAC NAMIC(S)/MITTAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN	OR SECURED PARTY): Provide only one Secured P	arty лате (3a or 3b)	
3a. ORGANIZATION'S NAME Citizens Bank, N.A.				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	IADDITIO!	NAL NAME(S)/INITIAL(S)	Teorety
SU. INDIVIDUAÇ S SUNIAME	FIRST FERSONAL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS One Citizens Plaza	CITY	STATE	POSTAL CODE	COUNTRY
One official field	Providence	RI	02903	USA
4. COLLATERAL: This financing statement covers the following collatera			<u></u>	
All personal property of Debtor of every kind a				acquired,
including without limitation, the following categ				
Commercial Code: goods (including inventory,				
instruments (including promissory notes), docu	- · · · · · · · · · · · · · · · · · · ·		,	•
paper (whether tangible or electronic), deposit				
evidenced by a writing), commercial tort claims			•	
(including payment intangibles and software),	supporting obligations and any an	nd all records	of, accessions to	and
products and proceeds of the foregoing.				
Any term used herein which is defined in eithe	• •			
jurisdiction in which this financing statement w	-			•
authenticated or (ii) Article 9 of the Uniform Co	mmercial Code as in effect at any	relevant tin	ne in the jurisdiction	on in which
	n a Trust (see UCC1Ad, item 17 and Instructions)		ed by a Decedent's Persona	
6a. Check only if applicable and check only one box:	MA DOMESTIC TO THE CONTROL OF THE CO		applicable and check only o	
Public-Finance Transaction Manufactured-Home Transaction 7. ALTERNATIVE DESIGNATION (if propinable): Lessent according to the control of the		Agricultu	F	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor 8. OPTIONAL FILER REFERENCE DATA:	Consignee/Consignor Seller/Buy	yer L Bail	ee/Bailor Licen:	see/Licensor
V. OF HORRE FILEN NEFERGE DATA.				90420361

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 Gecko Marine Inc 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 POSTAL CODE COUNTRY 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. 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: (if Debtor does not have a record interest):

17. MISCELLANEOUS: