LICC EII	NANCING STATEMENT AME	ENITARIA ENIT	T				
	STRUCTIONS	TADIAICIA		_			
	PHONE OF CONTACT AT FILER (optional) 19 Boisseau 457-1284						
B. E-MAIL (CONTACT AT FILER (optional)	· · · · · · · · · · · · · · · · · · ·		1			
C. SEND A	CKNOWLEDGMENT TO: (Name and Address	s)					
Dorothy Boisseau, Legal Assistant Rhode Island Housing and Mortgage Finance Corporation 44 Washington Street				į			
	idence, RI 02903		,				
				THE ABOVE SF	ACE IS FO	R FILING OFFICE USE	DNLY
	NANCING STATEMENT FILE NUMBER 931960 (10/13/2009)		ĺ	(or recorded) in the RE	AL ESTATE F		•
	INATION: Effectiveness of the Financing Stateme	ent identified above	is terminated w			m UCC3Ad) <u>and provide Debto</u> ured Party authorizing this	
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. CONT	INUATION: Effectiveness of the Financing Stater ed for the additional period provided by applicable	ment identified abo			ecured Party	authorizing this Continuation	on Statement is
5. PARTY	INFORMATION CHANGE:					· · · - · · ·	
	of these two boxes: e affects Debtor or Secured Party of record	AND Check one of CHANG item 6a	E name and/or a	ddress: CompleteADD n	ame: Complet b, <u>and</u> item 7c		Give record name lam 6a or 6b
	T RECORD INFORMATION: Complete for Party NIZATION'S NAME						
EAF	Newport, LLC						
66. INDIV	DUAL'S SURNAME		FIRST PERSON	AL NAME	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGEI 7a. ORGA	OR ADDED INFORMATION: Complete for Assignment of Complete for Comple	ment or Party Information	n Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, fulf	name; do not om	it, modify, or abbreviate any part of	the Deblor's name)
OR 76. INDIV	DUAL'S SURNAME						
INDIV	DUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						:	Inverse
INDIV	DUALS ADDITIONAL NAME(S)INITIAL(S)						SUFFIX
7c. MAILING A	DDRESS	(CITY		STATE	POSTAL CODE	COUNTRY
8. COLLA	TERAL CHANGE: Also check one of these four b	oxes: ADD	collateral [DELETE collateral	RESTATE co	vered collateral A	SSIGN collateral
Indicate	collateral:						
9. NAME OF	SECURED PARTY OF RECORD AUTHOR	IZING THIS AME	ENDMENT: Pr	ovide only one name (9a or 9b)	(name of Assi	ionor, if this is an Assignmen	nt)
If this is an A	Amendment authorized by a DEBTOR, check here [NIZATION'S NAME		me of authorizing				
Rhod	e Island Housing and Mortg	-			****		
9b. INDIVI	JUAL'S SURNAME	f	FIRST PÉRSON	AL NAME	ADDITION	AL NAME(S)/INITIAL(S)	SUFFIX
	L FILER REFERENCE DATA: ton Point Condo)			-	·	, <u>,, -, -, -, -, -, -, -, -, -, -, -, -, -</u>	