_	CC FINANCING STATEMENT					
FOLLOW INSTRUCTIONS						
Α.	A. NAME & PHONE OF CONTACT AT FILER (optional)					
-	Corporation Service Company 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional)					
B.	SPRFiling@cscinfo.com					
С	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 C. SEND ACKNOWLEDGMENT TO: (Name and Address) 94194717 - 335380 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Rhode Island (S.O.S.)					
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	94194717 - 335380	1				
ſ	Corporation Service Company					
	801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Rh	anda Island				
L	Springheid, IL 02703	(S.O.S.)				
1	<u> </u>		CE IS FO	R FILING OFFICE U	ISE 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 t	the Individual Debtor's	
	name will not fit in line 1b, leave all of item 1 blank, check here 🔲 and provide t	the Individual Debtor information in item 10 of the Fi	nancing St	atement Addendum (Fo	rm UCC1Ad)	
	1a. ORGANIZATION'S NAME COLE CABINET CO., INC.					
OR						
011	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S) SUFFIX	
1c.	MAILING ADDRESS 530 Wellington Avenue	Cranston	RI	02910	COUNTRY	
		Cranston	IXI	02910	JOGA	
	DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full r					
ı	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		legat peacons sure	LABBITIO	NAT MANERO VINITAL VI	o lourely	
	26. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S) SUFFIX	
20	MAILING ADDRESS	СПУ	STATE	POSTAL CODE	COUNTRY	
20.	MAILING ADDINESS		02	001/12 0052	i cositititi	
	COURT DARTYC HAME (NAME (ADDIQUES (ADDIQUES ADDIQUES)	I DEPOTE OF THE PROPERTY OF TH	- (0 0)			
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 Citizens Bank, N.A.						
	Onizona Bunk, 14.76					
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S) SUFFIX	
3c.	MAILING ADDRESS One Citizens Plaza	CITY	STATE	POSTAL CODE	COUNTRY	
		Providence	RI	02903	USA	
4. 0	COLLATERAL: This financing statement covers the following collateral:		1		l	
All personal property of Debtor of every kind and nature, wherever located, whether now owned or hereafter acquired,						
ir	including without limitation, the following categories of property as defined in Revised Article 9 of the Uniform					
С	Commercial Code: goods (including inventory, equipment, fixtures, farm products, and any accessories thereto),					
ir	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, securities and all other investment property, general intangibles					
	(including payment intangibles and software), supporting obligations and any and all records of, accessions to and					
products and proceeds of the foregoing.						
Р	roducts 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 signed or authenticated by the Debtor at the time it was so signed or						
authenticated or (ii) Article 9 of the Uniform Commercial Code as in effect at any relevant time in the jurisdiction in which						
				red by a Decedent's Pe		
6a.	Check <u>only</u> if applicable and check <u>only</u> one box:		_	f applicable and check of	•	
	Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility			UCC Filing	
		Consignee/Consignor Seller/Buyer	∐ Ва	ilee/Bailor 🔲 I	Licensee/Licensor	
8. C	OPTIONAL FILER REFERENCE DATA:				94194717	

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 COLE CABINET CO., INC. 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUFFIX 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 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME SUFFIX INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 10c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME COUNTRY 11c. MAILING ADDRESS CITY STATE POSTAL CODE 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 as-extracted collateral is filed as a fixture filing covers timber to be cut 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: