	· · · · · · · · · · · · · · · · · · ·				
_	CC FINANCING STATEMENT AMENDMENT OLLOW INSTRUCTIONS				
	NAME & PHONE OF CONTACT AT FILER (optional) Sandra L. Liese 401-348-1396		1		
В	E-MAIL CONTACT AT FILER (optional)				
C	SEND ACKNOWLEDGMENT TO: (Name and Address)				
	The Washington Trust Company, of Westerly				
	Attn: Small Business Lending 23 Broad Street	Ť	_		
	Westerly, RI 02891		·		
		لـ	THE ABOVE SPA	CE IS FOR FILING OFFICE USE	ONLY
1a	INITIAL FINANCING STATEMENT FILE NUMBER 201008731420	1	(or recorded) in the REAL		•
2.	TERMINATION: Effectiveness of the Financing Statement identified above is	terminated w		dendum (Form UCC3Ad) <u>and provide Debto</u> st(s) of Secured Party authorizing this	
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 continued for the additional period provided by applicable law	with respect	to the security interest(s) of Sec	ured Party authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE: AND Check one of these two boxes to:					
Check <u>one</u> of these two boxes: This Change affects Debtor or Secured Party of record CHANGE name and/or address: Complete This Change affects Debtor or Secured Party of record CHANGE name and/or address: Complete This Change affects To Debtor or Secured Party of record CHANGE name and/or address: Complete This Change affects To Debtor or Secured Party of record This Change affects To Debtor or Secured Party of record This Change affects To Debtor or Secured Party of record This Change affects To Debtor or Secured Party of record This Change affects To Debtor or Secured Party of record This Change affects To Debtor or Secured Party of record This Change affects To Debtor or Secured Party of record This Change affects To Debtor or Secured Party of record This Change affects To Debtor or Secured Party of record This Change affects To Debtor or Secured Party of record This Change affects To Debtor or Secured Party of record This Change affects To Debtor or Secured Party of record This Change affects To Debtor or Secured Party of record This Change affects To Debtor or Secured Party of record This Change affects To Debtor or Secured Party of record To Secured Party of recor					
6.	CURRENT RECORD INFORMATION: Complete for Party Information Change - [6a. ORGANIZATION'S NAME	provide only g	ne name (6a or 6b)		
00	Gentry Farm Builders, Inc.				
OR	6b. INDIVIDUAL'S SURNAME FIR	ST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7.	I CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Ch	nange - provide o	nly <u>one</u> name (7a or 7b) (use exact, full na	l me, do not omit, modify, or abbreviate any part o	f the Debtor's name)
	7a. ORGANIZATION'S NAME				
OR	OR 75. INDIVIDUAL'S SURNAME				
	INDIVIDUAL'S FIRST PERSONAL NAME				
	INDIVIDUALIS ADDITIONAL MANGENINITIAL (C)				SUFFIX
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SOFFIX
7c.	MAILING ADDRESS CIT	Υ		STATE POSTAL CODE	COUNTRY
8. [COLLATERAL CHANGE: Also check one of these four boxes: ADD colla	ateral	DELETE collateral R	ESTATE covered collateral A	SSIGN collateral
	indicate collateral:				
_	***			·	
	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENI f this is an Amendment authorized by a DEBTOR, check here and provide name			ame of Assignor, if this is an Assignmen	nt)
	9a. Organization's name The Washington Trust Company, of Wester	ly			
OR		ST PERSONA	L NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	OPTIONAL FILER REFERENCE DATA:				
	State of RI WTC xxxx1470				