UCC FINANCING STATEMENT				
FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional)				
B. E-MAIL CONTACT AT FILER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
	\neg			
' Bank Rhode Island 1300 Warwick Avenue	'			
Warwick, RI 02888				
1				
	THE AR	OVE SPACE IS EC	R FILING OFFICE USE	ONI V
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact				
	ovide the Individual Debtor information in item 1			
1a. ORGANIZATION'S NAME				***************************************
CR Th. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	Lange		
ID. INDIVIDUAÇ S SUKNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c MAILING ADDRESS	спу	STATE	POSTAL CODE	COUNTRY
1500 Oaklawn Avenue	Cranston	RI	02920	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact	t full name, do not omit, modify, or abbreviate a	iny part of the Debtor	's name); if any part of the in	dividual Debtor's
name will not lit in line 2b, leave all of item 2 blank, check here and pro	ovide the individual Debtor information in item 1	0 of the Financing St	atement Addendum (Form U	CC1Ad)
2a. ORGANIZATION'S NAME				
OR 25 INDIVIDUAL'S SURNAME				
20 INDIVIDUAL S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3 SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR S	SECURED PARTY). Provide only one Secured	Party name (3a or 3i)	
39 ORGANIZATION'S NAME			<u> </u>	
Bank Rhode Island				
Sb. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COLUMN
1300 Warwick Avenue	Warwick	RI	02888	COUNTRY
4 COLLATERAL This figuresian obstances are at the fall union published				

All inventory, equipment, accounts (including but not limited to all health-care-insurance receivables), chattel paper, instruments (including but not limited to all promissory notes), letter-of-credit rights, letters of credit, documents, deposit accounts, investment property, money, other rights to payment and performance, and general intangibles (including but not limited to all software and all payment intangibles); all oil, gas and other minerals before extraction; all oil, gas, other minerals and accounts constituting as-extracted collateral; all fixtures; all timber to be cut; all attachments, accessions, accessories, fittings, increases, tools, parts, repairs, supplies, and commingled goods relating to the foregoing property, and all additions, replacements of and substitutions for all or any part of the foregoing property; all insurance refunds relating to the foregoing property; all good will relating to the foregoing property; all records and data and embedded software relating to the foregoing property, and all equipment, inventory and software to utilize, create, maintain and process any such records and data on electronic media; and all supporting obligations relating to the foregoing property; all whether now existing or hereafter arising, whether now owned or hereafter acquired or whether now or hereafter subject to any rights in the foregoing property; and all products and proceeds (including but not limited to all insurance payments) of or relating to the foregoing property.

5. Check only if applicable and check only one box. Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative
6a. Check only if applicable and check only one box	6b. Check only if applicable and check only one box
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable) Lessee/Lessor Consignee/Consignor Seller/Buyi	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: Secretary of State, Rhode Island	