UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional)				
Corporation Service Company 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional)	co _U			
SPRFiling@cscinfo.com	o. Phris			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	CSC**			
100069766 - 335380	'			
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) 100069766 - 335380 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Rhode Island (S.O.S.)				
Springfield, IL 62703 Filed In: RI	hode Island			
L	` <u></u>	ACE IS FO	OR FILING OFFICE USE (ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full	name; do not omit, modify, or abbreviate any part o	f the Debto	r's name); if any part of the in	dividual Debtor's
name will not fit in line 1b, leave all of item 1 blank, check here and provide 1a. ORGANIZATION'S NAME Northeast Steel Structures, LLC	the Individual Debtor information in item 10 of the F	inancing St	atement Addendum (Form UC	C1Ad)
	•			
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 610 Ten Rod Road Unit 2	CITY	STATE	POSTAL CODE	COUNTRY
	North Kingstown	RI	02852	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name will not fit in fine 2b, leave all of item 2 blank, check here and provide	name; do not omit, modify, or abbreviate any part o the Individual Debtor information in item 10 of the F			
2a. ORGANIZATION'S NAME			·	
OR		Tennino		Tours
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
A CECUPED DADTIES NAME : NINE (100)0015 (100)00100 000000	DEP DARTO D. I.I. I.I. I. C. I.I. P. I.	/0 0		<u> </u>
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.				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	I ADDITAC	NAL NAME(S)/INITIAL(S)	SUFFIX
SD. INDIVIDUAL S SURINAME	FIRST FERSONAL NAME	ADDITIO	THE NAME (S) MITTAL(S)	30111
3c. MAILING ADDRESS One Citizens Plaza	Providence	STATE	POSTAL CODE 02903	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral:	Providence	IXI	02903	USA
All personal property of Debtor of every kind and nat	ture, wherever located, whether	now ov	vned or hereafter a	cquired,
including without limitation, the following categories of property as defined in Revised Article 9 of the Uniform				
Commercial Code: goods (including inventory, equip		-		· ·
instruments (including promissory notes), document paper (whether tangible or electronic), deposit accounts.	, -		· ·	
evidenced by a writing), commercial tort claims, section				
(including payment intangibles and software), suppo				
products and proceeds of the foregoing.	·		·, - · · · · · · · · · · ·	
Any term used herein which is defined in either (i) Any term used herein which is defined in either (i) Any				
jurisdiction in which this financing statement was sig authenticated or (ii) Article 9 of the Uniform Commer				
			ered by a Decedent's Personal	
6a. Check only if applicable and check only one box:			if applicable and check only o	
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility		tural Lien Non-UCC	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor Seller/Buyer	∐ Ва	ilee/Bailor Licens	see/Licensor
V. OF HOMBE FIELD REFERRED DATA.				10006976

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 Northeast Steel Structures, LLC 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 ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME of 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS STATE 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. 13. 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: