<u> </u>				
UCC FINANCING STATEMENT				
FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294				
B. F-MAIL CONTACT AT FILER (optional)				
SPRFiling@cscinfo.com	m			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	Secondary.			
SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 104181670 - 335380 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: 6				
Corporation Service Company 801 Adlai Stevenson Drive				
Springfield, IL 62703 Filed In: I	Rhode Island			
111111111111111111111111111111111111111	(S.O.S.)			
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, fu			OR FILING OFFICE USE	
	e the Individual Debtor information in item 10 of the f			
1a. ORGANIZATION'S NAME ERSA, Inc.				
OR 15. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
ID. INDIVIDUAL S SURVIAME	FIRST PERSONAL NAME	ADDITIO	MAE NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 83 Tom Harvey Road	CITY	STATE	POSTAL CODE	COUNTRY
·	Westerly	RI	02891	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, fu				
name will not fit in line 2b, leave all of item 2 blank, check here and provid [2a, ORGANIZATION'S NAME]	le the Individual Debtor information in item 10 of the I	Financing St	atement Addendum (Form UC	C1Ad)
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2- MAULING ADDRESS				
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC	LURED PARTY): Provide only one Secured Party na	me (3a or 3	_1	
3a. ORGANIZATION'S NAME Citizens Bank, N.A.		· · · · · · · · · · · · · · · · · · ·		
OR 36. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	LADDITIO	NIAL BISME/CV/MUTINI (C)	Toursiy
SO, MONDOALS SOMMAND.	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS One Citizens Plaza	CITY	STATE	POSTAL CODE	COUNTRY
	Providence	RI	02903	USA
COLLATERAL: This financing statement covers the following collateral: All personal property of Debtor of every kind and not	ature wherever located whether	now ov	vned or bereafter a	oguirod
including without limitation, the following categories				icquirea,
Commercial Code: goods (including inventory, equ				(o).
instruments (including promissory notes), documer				
paper (whether tangible or electronic), deposit acco				
evidenced by a writing), commercial tort claims, se				
(including payment intangibles and software), supp	orting obligations and any and al	I record	s of, accessions to	and
products and proceeds of the foregoing.				
Any torm used herein which is defined in state of the	Autholo O -4 th - 1 l-15 O			
Any term used herein which is defined in either (i) a jurisdiction in which this financing statement was si				
authenticated or (ii) Article 9 of the Uniform Comme				
			ered by a Decedent's Persona	
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	Agricu	Itural Lien Non-UCC	Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor Seller/Buyer	Ва	eilee/Bailor Licen	see/Licensor
8. OPTIONAL FILER REFERENCE DATA:				104181670

UCC FINANCING STATEMENT ADDENDUM

	AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Secause Individual Debtor name did not fit, check here	tatement; if line 1b wa	s left blank				
	9a. ORGANIZATION'S NAME ERSA, Inc.		,				
R	9b. INDIVIDUAL'S SURNAME						
	FIRST PERSONAL NAME						
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	1			
	DERTOPIC					S FOR FILING OFFICE	
).	DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Deb do not omit, modify, or abbreviate any part of the Debtor's name) and	tor name or Debtor na enter the mailing addr	me that did not fit is ess in line 10c	i line 1b or 2b of the F	inancing S	tatement (Form UCC1) (use	exact, full n
	10a. ORGANIZATION'S NAME			·-·			
R	10b. INDIVIDUAL'S SURNAME						
	INDIVIDUAL'S FIRST PERSONAL NAME						
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		***************************************		-		SUFFIX
)c	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNT
					SIAIE	POSTAL COBE	COOM
	ADDITIONAL SECURED PARTY'S NAME QI 11a. ORGANIZATION'S NAME	ASSIGNOR SEC	URED PARTY	'S NAME: Provide o	nly <u>one</u> na	me (11a or 11b)	
R	11b. INDIVIDUAL'S SURNAME	FIRST PE	ERSONAL NAME	, s ^ - - 1 /	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
C.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNT
					1		
:./	ADDITIONAL SPACE FOR ITEM 4 (Collateral): is financing statement is filed, has the mear	ling to be ascr	ibed thereto	with respect t	o anv	particular item of r	property
hi ur oe	is financing statement is filed, has the mear ider the more encompassing of the two defi ersonal property of the Debtor.	nitions. This fi					
thi ur oe	is financing statement is filed, has the mear ider the more encompassing of the two defi	nitions. This fil	nancing stat	ement covers,	and is	s intended to cove	r, all
3. 3.	is financing statement is filed, has the mear oder the more encompassing of the two definers on all property of the Debtor. This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)	nitions. This fil	nancing stat	ement covers, MENT: cut covers as-	and is	s intended to cove	r, all
3. 3.	is financing statement is filed, has the mear oder the more encompassing of the two definences of the property of the Debtor. This FINANCING STATEMENT is to be filed [for record] (or record record property of applicable)	nitions. This fil	nancing stat	ement covers, MENT: cut covers as-	and is	s intended to cove	r, all
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