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 \Box					
Bank Rhode Island	'					
625B George Washington Highway Lincoln, RI 02865						
1	1					
<u></u>		THE ABOV	E SPACE IS FO	R FILING OFFICE USE	ONLY	
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact,	full name, do not omit, modif	y, or abbreviate any	part of the Debtor	'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 provi	de the Individual Debtor info	rmation in item 10 o	f the Financing St	itement Addendum (Form U	CC1Ad)	
1a ORGANIZATION'S NAME TSI Tank Services Inc						
OR 16 INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/(NITIAL(S)		
		<u> </u>				
1c MAILING ADDRESS	CITY	CITY		POSTAL CODE	COUNTRY	
84 Wales Street	Cranston		RI	02920	USA	
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, f	ull name; do not omit, modif	y, or abbreviate any	part of the Debtor	s name), if any part of the In	dividual Debtor's	
name will not in in line 25, leave air or item 2 blank, check here	de the Individual Debtor info	rmation in item 10 o	the Financing St	itement Addendum (Form U)	CC1Ad)	
2a ORGANIZATION'S NAME			-			
OR 25 INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME	- LAGRETIA			
	THOS PEROONAL NA	in C	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
2c MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
	de mariner de la companya de la comp					
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE	CURED PARTY): Provide o	nly one Secured Pa	rty name (3a or 3b)		
3a ORGANIZATION'S NAME Barik Rhode Island						
OR 35 INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME	TADDITIO		SUFFIX	
	THOS PERSONAL IVA	THOU PERSONAL MAINE		ADDITIONAL NAME(S)/INITIAL(S)		
3c. MAILING ADDRESS	CITY	T.11.	STATE	POSTAL CODE	COUNTRY	
625B George Washington Highway	Lincoln	Lincoln		02865	USA	
4. COLLATERAL: This financing statement covers the following collateral:				<u> </u>		
All inventory, equipment, accounts (including but not limite	ed to all health-care	NEURANCA FACA	ivables chat	lal sanar isata		
but not minited to an profits sory notes), letter-oj-credit figi	its, letters of credit	documents de	anneit arrour	de incontrant	·	
- viver rigins to payment and performance, and general inta-	naibles (includina hi	If not limited to	all coffunce	and all assessed 1-4-		
oil, gas and other minerals before extraction; all oil, gas, of timber to be cut; all attachments, accessions, accessories, to the foregoing property, and all additions.	IITINAS INCIBACAS to	inle name rom	miro oumsico			
to the iblegoilly blobelly, ally all additions, regiacements	OI AND CHRESTITIONS	t for all or anse			44 b	
refunds relating to the foregoing property; all good will re- relating to the foregoing property, and all equipment, inver-	HATING TO THE TOTOGO	ING NEADARDS -	all recevale			
- 44th Att electrothic illeria. Also all 20000[fills Obligations i	PIAIIAN IN ING INIAKS	UBA brabadu:	all whathar a			
whether now owned or hereafter acquired or whether now oproceeds (including but not limited to all insurance payment)	DT DEFERMATET CHIMACT 1	lo anu riabte in	the foremain	g property; and all p	roducts and	
Process (mountains and mountains paymen	its) of or relating to t	ne ioregoing p	гореку.			
5. Check only if applicable and check only one box. Collateral is held in a Tru	st (see UCC1Ad, item 17 and	d Instructions)		ed by a Decedent's Persona		
6a. Check <u>only</u> if applicable and check <u>only</u> one box Public-Finance Transaction Manufactured-Home Transaction			6b. Check only it	applicable and check <u>only</u> o		
	i	A Debtor is a Transmitting Utility		Agricultural Lien Non-UCC Filing		
8. OPTIONAL FILER REFERENCE DATA:	Consignee/Consignor	Seller/Buye	er Bai	ee/Barlor Licens	see/Licensor	
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