

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

|   |  |
|---|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>Corporation Service Company 1-800-858-5294  |  |
| B. E-MAIL CONTACT AT FILER (optional)<br>SPRFiling@cscinfo.com  |  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br>105975401 - 358660<br>Corporation Service Company<br>801 Adlai Stevenson Drive<br>Springfield, IL 62703<br>Filed In: Rhode Island (S.O.S.) |  |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

|   |                          |                     |                               |                   |
|---|--------------------------|---------------------|-------------------------------|-------------------|
| 1a. ORGANIZATION'S NAME Jac-Lyn Steel, Inc. |                          |                     |                               |                   |
| OR  | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX            |
| 1c. MAILING ADDRESS 111 Clifford Street     |                          | CITY Pawtucket      | STATE RI                      | POSTAL CODE 02860 |
|   |                          |                     | COUNTRY USA                   |                   |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

|                         |                          |                     |                               |             |
|-------------------------|--------------------------|---------------------|-------------------------------|-------------|
| 2a. ORGANIZATION'S NAME |                          |                     |                               |             |
| OR                      | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX      |
| 2c. MAILING ADDRESS     |                          | CITY                | STATE                         | POSTAL CODE |
|                         |                          |                     | COUNTRY                       |             |

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 Santander Bank, N.A. |                          |                     |                               |                   |
| OR   | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX            |
| 3c. MAILING ADDRESS 450 Penn Street          |                          | CITY Reading        | STATE PA                      | POSTAL CODE 19602 |
|  |                          |                     | COUNTRY USA                   |                   |

4. COLLATERAL: This financing statement covers the following collateral:

All machinery, equipment, furniture, furnishings, tools, tooling fixtures, and accessories, and all inventory, account receivable instruments, contract rights and other rights to receive the payment of money, patents, chattel paper, licenses, leases and general intangibles, including all trade names and trade styles and all additions, accessions modifications, improvements, replacements and substitutions thereto and therefore, whether now owned or hereafter acquired and the proceeds, products, and income of any of the foregoing, including insurances proceeds.

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:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA: 0598

105975401