CC FINANCING STATEMENT LOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional) Rockland Trust Company 781-982-6453 E-MAIL CONTACT AT FILER (optional)				
LOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional) Rockland Trust Company 781-982-6453 E-MAIL CONTACT AT FILER (optional)				
Rockland Trust Company 781-982-6453 E-MAIL CONTACT AT FILER (optional)				
• • • • •				
loanoperations@rocklandtrust.com				
SEND ACKNOWLEDGMENT TO: (Name and Address)				
Rockland Trust Company				
30 South Main Street				
Middleboro, MA 02346				
loanoperations@rocklandtrust.com	1.1			
_	THE ABO	OVE SPACE IS FO	R FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact name will not fit in line 1b, leave all of item 1 blank, check here and pro	t, full name; do not omit, modify, or abbreviate ovide the Individual Debtor information in item 1	any part of the Debtor 0 of the Financing St	's name); if any part of the Ir atement Addendum (Form U	ndividual Deb CC1Ad)
1a. ORGANIZATION'S NAME				
Janu Corp. 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	IADOITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
III. INDIVIDUALS SURVAINE	THO TENSONAL WINE		, , , , , , , , , , , , , , , , , , ,	
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR
196 West Shore Road	Warwick	RI	02889	USA
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR
ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR S	SECURED PARTY): Provide only <u>one</u> Secured	Party name (3a or 3b)	
Rockland Trust Company				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	Middleboro	STATE MA	POSTAL CODE 02346	COUNTR
South Main Street	: Middleboro	IVIA	1317.3418	