UCC FINANCING STATEMENT AMEND FOLLOW INSTRUCTIONS	MENT			
A NAME & PHONE OF CONTACT AT FILER (antignal)	5294	1		
B. E-MAIL CONTACT AT FILER (optional)	COLU	1		
SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)	into.	-		
1247 14168 CS	,			
Corporation Service Company 801 Adlai Stevenson Drive				
Springfield, IL 62703	ed in: Rhode Island (S.O.S.)			
			CE IS FOR FILING OFFICE MENT AMENDMENT is to be fix	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 009914 05/15/2002		(or recorded) in the REAL		
TERMINATION: Effectiveness of the Financing Statement iden Statement	tified above is terminated w	rith respect to the security interes	et(s) of Secured Party authorizing	ng this Termination
ASSIGNMENT (full or partial): Provide name of Assignee in ite For partial assignment, complete items 7 and 9 and also indicate			f Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement id continued for the additional period provided by applicable law	entified above with respect	to the security interest(s) of Sec	ured Party authorizing this Con	tinuation Statement is
5. PARTY INFORMATION CHANGE:	-			
Check one of these two boxes: This Change affects Debtor or Secured Party of record	Check <u>one</u> of these three bo CHANGE name and/or a item 6a or 6b; <u>and</u> item 7	iddress: CompleteADD nan		name: Give record name ted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information				
6a. ORGANIZATION'S NAME1484 Company, LLC				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAI	L(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or P	arty Information Change - provide o	only one name (7a or 7b) (use exact, full na	1 me; do not omit, modify, or abbreviate ar	y part of the Debtor's name}
7a. ORGANIZATION'S NAME			=-	
OR 75 INDIVIDUAL'S SURNAME	•			
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c. MAILING ADDRESS	CITY	****	STATE POSTAL CODE	COUNTRY
				USA
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral F	ESTATE covered collateral	ASSIGN collateral
Indicate collateral:				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING			arme of Assignor, if this is an As	signment)
If this is an Amendment authorized by a DEBTOR, check here and an organization's NAME Citizens Bank, N.A. formed	provide name of authorizing erly known as RB			
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIA	L(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: 1484 Co	mpany, LLC			1247 1416