. 1				
UCC FINANCING STATEMENT				
FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294				
SPRFiling@cscinfo.com				
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1247 67942 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Ri 1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full				
1247 67942 CCIT				
Corporation Service Company	·			
801 Adiai Stevenson Drive	hode Island			
Springhed, it 02703	(S.O.S.)			
	THE ABOVE SPA	CE IS FO	R FILING OFFICE USE C	ONLY
	the Individual Debtor information in item 10 of the Fi	nancing St	atement Addendum (Form UC	C1Ad)
^{1a.} ORGANIZATION'S NAME J. Albanese Construction Comp	oany, inc.			
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 18 Mountain Laurel Lane	North Scituate	STATE	POSTAL CODE 02857	COUNTRY
 DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full in name will not fit in fine 2b, leave all of item 2 blank, check here and provide in the provide in	name; do not omit, modify, or abbreviate any part of the Individual Debtor information in item 10 of the Fi			
2a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·		,	
an l				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	loury.		I	
20. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	RED PARTY): Provide only one Secured Party name	no /30 oz 3h	1	<u> </u>
3a. ORGANIZATION'S NAME Citizens Bank, N.A.				
OR 25 INDIVIDUAL'S SURMANS				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS One Citizens Plaza	CITY	STATE	POSTAL CODE	COUNTRY
Offic Citizens Flaza	Providence	RI	02903	USA
4. COLLATERAL: This financing statement covers the following collateral:	<u> </u>		1	<u> </u>
All personal property of Debtor of every kind and nat				cquired,
including without limitation, the following categories				
Commercial Code: goods (including inventory, equip	-	-		
instruments (including promissory notes), documents, accounts (including health-care-insurance receivables), chattel				
paper (whether tangible or electronic), deposit accounts, letter-of-credit rights (whether or not the letter of credit is evidenced by a writing), commercial tort claims, securities and all other investment property, general intangibles				
(including payment intangibles and software), support			-	
products and proceeds of the foregoing.	rung obligations and any and an	i c coru:	s or, accessions to	ariu
products and proceeds of the foregoing.				
Any term used herein which is defined in either (i) Article 9 of the Uniform Commercial Code as in effect in the				
jurisdiction in which this financing statement was signed or authenticated by the Debtor at the time it was so signed or				
authenticated or (ii) Article 9 of the Uniform Commercial Code as in effect at any relevant time in the jurisdiction in which				
			ed by a Decedent's Personal	
6a. Check only if applicable and check only one box:	6b. C	heck <u>only</u> it	applicable and check only or	ne box:
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility		ural Lien Non-UCC F	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor C	Consignee/Consignor Setter/Buyer	∐ Bai	lee/Bailor Licens	ee/Licensor
O. OF HONAL FILER REFERENCE DATA:			1	247 67942

FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME J. Albanese Construction Company, Inc. 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/iNITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a, ORGANIZATION'S NAME OR 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): this financing statement is filed, has the meaning to be ascribed thereto with respect to any particular item of property under the more encompassing of the two definitions. This financing statement covers, and is intended to cover, all personal property of the Debtor. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: covers timber to be cut covers as-extracted collateral is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 Description of real estate (if Debtor does not have a record interest); 17. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDENDUM