A.	NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-529	4]			
В.	E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com					
<u>-</u>	SEND ACKNOWLEDGMENT TO: (Name and Address)					
ı	1261 94849 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In:	m 7				
,	Corporation Service Company	1				
	801 Adlai Stevenson Drive Springfield, IL 62703 Filed In:	: Rhode Island				
İ	filingacity	(S.O.S.)				
_					OR FILING OFFICE USE	
1	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	full name; do not omit, i	modify, or abbreviate any pa	t of the Debto	r's name); if any part of the Ir atement Addendum (Form U	ndividual De
	18. ORGANIZATION'S NAME North Kingstown Rentals, Inc		w who mado i in ten i to of th	e Financing Si	atement Addendum (Form U	CC1Ad)
2	TVO/all (angstown remais, inc					
`	1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	LNAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	MAILING ADDRESS 7785 Post Road	CITY		STATE	POSTAL CODE	COUNTR
		North Kings	stown	RI	02852	USA
	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	MAL MANE (C) (INCTIAL (C)	GUEEN
	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
ĺ	2b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	
5	MAILING ADDRESS ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE	CITY CURED PARTY: Prov		STATE	POSTAL CODE	
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s	MAILING ADDRESS ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE	CITY CURED PARTY): Provervices, Inc.	ide only <u>one</u> Secured Party r	STATE	POSTAL CODE	COUNTE
S	MAILING ADDRESS ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE 3a ORGANIZATION'S NAME De Lage Landen Financial Se 3b. INDIVIDUAL'S SURNAME	CITY CURED PARTY: Prov	ide only <u>one</u> Secured Party r	STATE	POSTAL CODE	
s	MAILING ADDRESS ECURED PARTY'S NAME (OF NAME OF ASSIGNEE OF ASSIGNOR SE 3a. ORGANIZATION'S NAME DE LAGE LANDEN FINANCIAI SE	CITY ECURED PARTY): Provertices, Inc. FIRST PERSONAL	ide only <u>one</u> Secured Party r	STATE ADDITIO	POSTAL CODE NAL NAME(S)/INITIAL(S)	COUNTR
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