RI SOS Filing Number: 201717663290 Date: 2/23/2017 3:04:00 PM

UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS	T				
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294		1			
B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1277 70853 Corporation Service Company 801 Adlai Stevenson Drive	an	1			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	COV				
1277 70853					
Corporation Service Company 801 Adlai Stevenson Drive					
Springfield, IL 62703 Filed In: Rt	node Island (S.O.S.)				
	(3.0.3.)	THE ABOVE SPA	CE IS FO	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 200705208570 07/23/2007		(or recorded) in the REAL	ESTATE I	ENDMENT is to be filed [for RECORDS rm UCC3Ad) <u>and</u> provide Debti	•
TERMINATION: Effectiveness of the Financing Statement identified above Statement	ve is terminated w				
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7l For partial assignment, complete items 7 and 9 and also indicate affected complete.			of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law					
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes.	g of these three bo IGE name and/or a is or 6b; and item 7	ddress: CompleteADD nar	ne: Comple , <u>and</u> item 7		Give record name
6. CURRENT RECORD INFORMATION: Complete for Party Information Chan	ge - provide only g		, <u>unu</u> nom	10 50 00/01/01/11	
6a. ORGANIZATION'S NAMEJ.A. RUGGIERI MECHANICAL,	INC.				
OR 66. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information and Comp	ion Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, full na	ame; do not ar	nit, modify, or abbreviate any part o	f the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME	 				
MONIDOAL STINGTT ENGOVAE INAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD) collateral	DELETE collateral F	RESTATE C	overed collateral	ASSIGN collateral
Indicate collateral:					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM			name of Ass	signor, if this is an Assignme	ent)
If this is an Amendment authorized by a DEBTOR, check here [] and provide on a ORGANIZATION'S NAME Citizens Bank, N.A. formerly known	name of authorizing DWN as RBS	=			
OR 96. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: J.A. RUGGIER	 	ICAL INC			
S. S. HOMAE FREINGS ENGINE BOUNDEDION, J.A. ROUGIER	I WECHAN	IOAL, INC.			1277 70853