RI SOS Filing Number: 201717759470 Date: 3/20/2017 1:16:00 PM

NAME & PHONE OF CONTACT AT FILER (optional)	<u> </u>			
Lauren Bailey E-MAIL CONTACT AT FILER (optional)				
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SEND ACKNOWLEDGMENT TO: (Name and Address)  Gannon Bailey Donovan & Votolato				
727 Central Ave. Pawtucket, RI 02861	1			
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<u> </u>	THE AS	OVE SPACE IS FO	R FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b)	use exact, full name; do not omit, modify, or abbreviate	any part of the Debtor	's name); if any part of the l	ndividual Debt
name wilf not fit in line 1b, leave all of item 1 blank, check here  1a. ORGANIZATION'S NAME	and provide the Individual Debtor information in Item	To or the Financing St	atament Addenount (Form C	
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MMCM Realty, LLC	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MMCM Realty, LLC  1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		NAL NAME(S)/INITIAL(S)	SUFFIX
MMCM Realty, LLC  1b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  700 Wellington View Drive  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) ( ame will not fit in line 2b, leave all of item 2 blank, check here	West Palm Beach	STATE FL any part of the Debtor	POSTAL CODE 33411 's name); if any part of the l	COUNTRY USA
MMCM Realty, LLC  1b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  700 Wellington View Drive  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) ( name will not fit in line 2b, leave all of item 2 blank, check here	West Palm Beach use exact, full name; do not omit, modify, or abbreviate	FL any part of the Debtor 10 of the Financing St	POSTAL CODE 33411 's name); if any part of the l	COUNTRY USA
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5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad. item 17 and Instructions) being administered by a Decedent's Personal Representative

Consignee/Consignor

A Debtor is a Transmitting Utility

Seller/Buyer

6b. Check only if applicable and check only one box:

Bailee/Bailor

Agricultural Lien Non-UCC Filing

Licensee/Licensor

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

Manufactured-Home Transaction

Lessee/Lessor

6a. Check only if applicable and check only one box:

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

Public-Finance Transaction

## **UCC FINANCING STATEMENT ADDENDUM**

**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 MMCM Realty, LLC OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(\$)/INITIAL(\$) 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 exect, 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 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 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 FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11b. INDIVIDUAL'S SURNAME STATE POSTAL CODE COUNTRY 11c. MAILING ADDRESS CITY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. 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 16. Description of real estate: (if Debtor does not have a record interest): 32 Barton Avenue Barrington, RI AP: 27 Lot: 108 17. MISCELLANEOUS: