

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

|   |                      |
|---|----------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>Phone: (800) 331-3282 Fax: (818) 662-4141   |                      |
| B. E-MAIL CONTACT AT FILER (optional)<br>CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com |                      |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 11255 - EASTERN                                 |                      |
| CT Lien Solutions<br>P.O. Box 29071<br>Glendale, CA 91209-9071                                | 58110541<br><br>RIRI |

File with: Secretary of State, RI

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. 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 Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

|  |                          |                     |                               |                      |
|--|--------------------------|---------------------|-------------------------------|----------------------|
| 1a. ORGANIZATION'S NAME<br>ATWOOD SUPERWASH, LLC |                          |                     |                               |                      |
| OR   | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX               |
| 1c. MAILING ADDRESS<br>1215 Atwood Ave           |                          | CITY<br>Johnston    | STATE<br>RI                   | POSTAL CODE<br>02919 |
|  |                          |                     | COUNTRY<br>USA                |                      |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

|  |                          |                      |                               |                      |
|--|--------------------------|----------------------|-------------------------------|----------------------|
| 2a. ORGANIZATION'S NAME<br>ATWOOD SUPERWASH, LLC |                          |                      |                               |                      |
| OR   | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME  | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX               |
| 2c. MAILING ADDRESS<br>10 Kings Forest Ln        |                          | CITY<br>West Warwick | STATE<br>RI                   | POSTAL CODE<br>02893 |
|  |                          |                      | COUNTRY<br>USA                |                      |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

|   |                          |                     |                               |                      |
|---|--------------------------|---------------------|-------------------------------|----------------------|
| 3a. ORGANIZATION'S NAME<br>Eastern Funding LLC          |                          |                     |                               |                      |
| OR  | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX               |
| 3c. MAILING ADDRESS<br>213 West 35th Street, Suite 1000 |                          | CITY<br>New York    | STATE<br>NY                   | POSTAL CODE<br>10001 |
|   |                          |                     | COUNTRY<br>USA                |                      |

4. COLLATERAL: This financing statement covers the following collateral:

As collateral securing all present and future obligations of Debtor to Secured Party, Debtor hereby grants to Secured Party a security interest in the following, whether now owned or hereafter acquired and wherever located machinery, equipment, furniture, fixtures, inventories (raw materials, work-in-progress, finished goods and supplies), titled motor vehicles, leases, finished goods and supplies, contract rights, claims, causes of action, accounts receivable, any and all tangible and intangible assets and other real and/or personal property owned by Debtor and all cash and non-cash proceeds and products therefrom, none of which the debtor is authorized to sell, lease or otherwise dispose of without the written consent of secured party. This financing statement does not invalidate or reduce the effectiveness of any previously filed UCC financing statements having the same Secured Party and Debtor(s).

Notice - Debtor has also agreed not to further encumber the collateral described herein, the further encumbering of which may constitute the tortious interference with secured party's rights by such encumbrancer.

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

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

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

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

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

58110541 1019741

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

|   |        |
|---|--------|
| 18. 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 <input type="checkbox"/> |        |
| 18a. ORGANIZATION'S NAME<br>ATWOOD SUPERWASH, LLC   |        |
| OR  |        |
| 18b. INDIVIDUAL'S SURNAME   |        |
| FIRST PERSONAL NAME   |        |
| ADDITIONAL NAME(S)/INITIAL(S)   | SUFFIX |

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|   |                     |                               |                |                      |
|---|---------------------|-------------------------------|----------------|----------------------|
| 19. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) |                     |                               |                |                      |
| 19a. ORGANIZATION'S NAME<br>SAISHRI, LLC  |                     |                               |                |                      |
| OR  |                     |                               |                |                      |
| 19b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX         |                      |
| 19c. MAILING ADDRESS<br>10 Kings Forest Ln  |                     | CITY<br>West Warwick          | STATE<br>RI    | POSTAL CODE<br>02893 |
|   |                     |                               | COUNTRY<br>USA |                      |

|   |                     |                               |                |                      |
|---|---------------------|-------------------------------|----------------|----------------------|
| 20. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) |                     |                               |                |                      |
| 20a. ORGANIZATION'S NAME<br>ATWOOD SUPERWASH, LLC   |                     |                               |                |                      |
| OR  |                     |                               |                |                      |
| 20b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX         |                      |
| 20c. MAILING ADDRESS<br>10 Kings Forest Ln  |                     | CITY<br>West Warwick          | STATE<br>RI    | POSTAL CODE<br>02893 |
|   |                     |                               | COUNTRY<br>USA |                      |

|   |                     |                               |                |                      |
|---|---------------------|-------------------------------|----------------|----------------------|
| 21. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) |                     |                               |                |                      |
| 21a. ORGANIZATION'S NAME<br>NK-WASH LLC   |                     |                               |                |                      |
| OR  |                     |                               |                |                      |
| 21b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX         |                      |
| 21c. MAILING ADDRESS<br>1653 Warwick Ave  |                     | CITY<br>Warwick               | STATE<br>RI    | POSTAL CODE<br>02889 |
|   |                     |                               | COUNTRY<br>USA |                      |

|  |                     |                               |         |             |
|--|---------------------|-------------------------------|---------|-------------|
| 22. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME <u>or</u> <input type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only <u>one</u> name (22a or 22b) |                     |                               |         |             |
| 22a. ORGANIZATION'S NAME   |                     |                               |         |             |
| OR   |                     |                               |         |             |
| 22b. INDIVIDUAL'S SURNAME  | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX  |             |
| 22c. MAILING ADDRESS   |                     | CITY                          | STATE   | POSTAL CODE |
|  |                     |                               | COUNTRY |             |

|  |                     |                               |         |             |
|--|---------------------|-------------------------------|---------|-------------|
| 23. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME <u>or</u> <input type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only <u>one</u> name (23a or 23b) |                     |                               |         |             |
| 23a. ORGANIZATION'S NAME   |                     |                               |         |             |
| OR   |                     |                               |         |             |
| 23b. INDIVIDUAL'S SURNAME  | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX  |             |
| 23c. MAILING ADDRESS   |                     | CITY                          | STATE   | POSTAL CODE |
|  |                     |                               | COUNTRY |             |

24. MISCELLANEOUS: 58110541 RI 0 11255 EASTERN FUNDING Eastern Funding LLC File with: Secretary of State, RI 1019741

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

18. 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 ☐

18a. ORGANIZATION'S NAME

ATWOOD SUPERWASH, LLC

OR

18b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME

Lovely Little Laundromat

OR

19b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

19c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

1653 Warwick Ave

Warwick

RI

02889

USA

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME

OR

20b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

20c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME

OR

21b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

21c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME

OR

22b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

22c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

23. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME

OR

23b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

23c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

24. MISCELLANEOUS: 58110541-RI-0 11255 - EASTERN FUNDING Eastern Funding LLC File with: Secretary of State, RI 1019741