RI SOS Filing Number: 201717767	7420 Date: 3	/22/2017 1	1:09:00	MA C		
UCC FINANCING STATEMENT						
FOLLOW INSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT FILER (optional)						
Phone: (800) 331-3282 Fax: (818) 662-4141						
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 11255 - EAS	TERN					
CT Lien Solutions 58110	NE 41 7					
P.O. Box 29071	/341 1					
Glendale, CA 91209-9071 RIRI						
	, 1					
File with: Secretary of State, RI		THE ABOVE SP	ACE IS E	ND EII ING NEEI	CE USE ONLY	,
DEBTOR'S NAME: Provide only one Debtor name (fa or 1b) (use exact, full relationship).	name: do not omit, modify, or					
name will not fit in line 1b, leave all of item 1 blank, check here and provide the						00000
1a. ORGANIZATION'S NAME						
ATWOOD SUPERWASH, LLC						
OR 15. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL	(S) SUFFI	x
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUN	TRY
1215 Atwood Ave	Johnston		RI	02919	USA	1
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full r	·	abbreviate any part o				
	ne Individual Debtor informati					
2a, ORGANIZATION'S NAME						
ATWOOD SUPERWASH, LLC						
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL	(S) SUFF(X
2c. MAILING ADDRESS	CITY		07175	Incoru cons	2011	TDV
	CITY		STATE	POSTAL CODE	COUN	
10 Kings Forest Ln 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (OF NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OF NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OF NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OF NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OF NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OF NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OF NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OF NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OF NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OF NAME OF ASSIGNEE O	West Warwick	na Sooured Docks no	RI	02893	USA	<u> </u>
3a. ORGANIZATION'S NAME 3a. ORGANIZATION'S NAME	RED PARTY): Provide only o	ne Secured Party na	me (3a or 3i	0)	·····	
Eastern Funding LLC						
OR 36 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(\$)/INITIAL	(S) SUFFI	X
			!			
3c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUN	TRY
213 West 35th Street, Suite 1000	New York		NY	10001	USA	4
4. COLLATERAL: This financing statement covers the following collateral: As collateral securing all present and future obligations of Debtor to following, whether now owned or hereafter acquired and wherever I work-in-progress, finished goods and supplies), titled motor vehicles accounts receivable, any and all tangible and intangible assets and proceeds and products therefrom, none of which the debtor is autho party. This financing statement does not invalidate or reduce the eff Secured Party and Debtor(s).	ocated machinery, equals, leases, finished good other real and/or personized to sell, lease or of the control o	ipment, furniture is and supplies, on al property own otherwise dispose	, fixtures, contract ri ned by De e of witho	inventories (ravights, claims, castor and all castot the written co	w materials, nuses of action in and non-cas onsent of secu	n, sh
Notice - Debtor has also agreed not to further encumber the colla interference with secured party's rights by such encumbrancer.	ateral described herein	, the further encu	ımbering	of which may co	onstitute the to	ortious
5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and I	nstructions) being	g administer	ed by a Decedent's	s Personal Repre	sentative
6a. Check only if applicable and check only one box:		6b. (Check <u>only</u>	if applicable and ch	neck <u>only</u> one bo	X:
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmit	ting Utility	Agricult	ural Lien N	on-UCC Filing	
	onsignee/Consignor	Seller/Buyer	Bail	ee/Bailor [Licensee/Licer	nsor
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 I because Individual Debtor name did not fit, check here	ine 1b was lef	t blank				
				l			
	18a. ORGANIZATION'S NAME ATWOOD SUPERWASH, LLC						
OR	18b. INDIVIDUAL'S SURNAME						
	FIRST PERSONAL NAME						
	ADDITIONAL NAME(S)INITIAL(S)		SUFFIX	THE AROVE	SPACE	IS FOR FILING OFFICE	E USE ONLY
40	APPLICANT DEPTODIC NAME BY THE PARTY OF THE		4.0				
19.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19	9b) (use exact	, full name; do n	not omit, modify, or ab	breviate	any part of the Debtor's name	e)
	19a. ORGANIZATION'S NAME SAISHRI, LLC						
OR	19b. INDIVIDUAL'S SURNAME	FIRST PERSO	ONAL NAME		ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX
	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
_1	0 Kings Forest Ln	West Wa	rwick		RI	02893	USA
20.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20	0b) (use exact	, full name; do n	not omit, modify, or ab	breviate :	any part of the Debtor's name	e)
	20a. ORGANIZATION'S NAME						
4,	ATWOOD SUPERWASH, LLC						
OR	20b. INDIVIDUAL'S SURNAME	FIRST PERSO	DNAL NAME		ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX
200	: MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
10	D Kings Forest Ln	West Wa	rwick		RI	02893	USA
21.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21	lb) (use exact	, full name; do n	ot omit, modify, or ab	breviate a	any part of the Debtor's name	9)
	21a. ORGANIZATION'S NAME NK-WASH LLC						
OR	21b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME		ADDITION	NAL NAME(SYINITIAL(S)	SUFFIX
210	. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
16	653 Warwick Ave	Warwick			Ri	02889	USA
22,			FD PARTY'S	NAME: Provide only			
	22a. ORGANIZATION'S NAME						
OR	22b. INDIVIDUAL'S SURNAME	FIRST PERSO	PNAL NAME		ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
22c	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
23.	ADDITIONAL SECURED PARTY'S NAME OF ASSIGNO	OR SECUE	FD PARTY'S	NAME: Provide only	one nan	ne (23a or 23h)	1
	23a. ORGANIZATION'S NAME	<u> JR OLOOK</u>	<u>LD174(11C</u>	Terroria. Trovide orn	One nam		
OR	23b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME		ADDITION	IAL NAME(SYINITIAL(S)	SUFFIX
23c	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
24.	MISCELLANEOUS: 58110541 Rt 0 11255 EASTERN FUNDING Eastern	n Funding LLC		File with: Secretary of St	ate, RI	1019741	

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

	ME OF FIRST DEBTOR: Same as line 1a or 1b on Financing States ause Individual Debtor name did not fit, check here	atement; if line 1b was left blank			
18	Ba, ORGANIZATION'S NAME				
	ATWOOD SUPERWASH, LLC				
		:			
OR 18	b, INDIVIDUAL'S SURNAME				
	FIRST PERSONAL NAME				
	ARRIVAL MARKET AND THE STATE OF	SUFFIX			
	ADDITIONAL NAME(S)INITIAL(S)	SUPPIA	THE ABOVE SPACE	IS FOR FILING OFF	ICE USE ONI
	DITIONAL DEBTOR'S NAME: Provide only one Debtor nam	e (19a or 19b) (use exact, full name; do not	omit, modify, or abbreviate	any part of the Debtor's na	ame)
- 1	a. organization's name Lovely Little Laundromat				
)R 19	b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)INITIAL(S)	SUFFIX
9c. M/	ALING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1653	Warwick Ave	Warwick	RI	02889	USA
0. AD	DITIONAL DEBTOR'S NAME: Provide only one Debtor nam	e (20a or 20b) (use exact, full name; do not	omit, modify, or abbreviate	any part of the Debtor's n	ame)
20	a. ORGANIZATION'S NAME				
R 20	b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX
20c. M/	AILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1. AD	DITIONAL DEBTOR'S NAME: Provide only one Debtor nam	e (21a or 21b) (use exact, full name; do not	omit, modify, or abbreviate	any part of the Debtor's n	
	DITIONAL DEBTOR'S NAME: Provide only one Debtor nam a. ORGANIZATION'S NAME	e (21a or 21b) (use exact, full name; do not	omit, modify, or abbreviate	any part of the Debtor's n	
21		e (21a or 21b) (use exact, full name; do not	-	any part of the Debtor's na	
21 PR 21	a. ORGANIZATION'S NAME		-		ame)
21 21 21c. M	a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME MILING ADDRESS	FIRST PERSONAL NAME	ADDITIO STATE	NAL NAME(SYINITIAL(S) POSTAL CODE	ame)
21 21c. MA	a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME MILING ADDRESS	FIRST PERSONAL NAME	ADDITIO STATE	NAL NAME(SYINITIAL(S) POSTAL CODE	ame)
21 21 21 21 21 21 21 22 22 22 22 22 22 2	a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME NLING ADDRESS ADDITIONAL SECURED PARTY'S NAME or	FIRST PERSONAL NAME	STATE NAME: Provide only <u>one</u> nai	NAL NAME(SYINITIAL(S) POSTAL CODE	ame)
21 21c. MA 2. 22 R 22	a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME MILING ADDRESS ADDITIONAL SECURED PARTY'S NAME of a. ORGANIZATION'S NAME	FIRST PERSONAL NAME CITY ASSIGNOR SECURED PARTY'S N	STATE NAME: Provide only <u>one</u> nai	NAL NAME(SYINITIAL(S) POSTAL CODE me (22a or 22b)	SUFFIX COUNTRY
21 21c. M/ 21c. M/ 22 22 22c. MA	a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME ADDITIONAL SECURED PARTY'S NAME of a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME AUDITIONAL SECURED PARTY'S NAME of ADDITIONAL SECURED PARTY'S NAME of ADDITIONAL SECURED PARTY'S NAME of	FIRST PERSONAL NAME CITY ASSIGNOR SECURED PARTY'S N FIRST PERSONAL NAME	ADDITIO STATE NAME: Provide only one nat ADDITIO	POSTAL CODE me (22a or 22b) NAL NAME(SYINITIAL(S) POSTAL CODE	SUFFIX COUNTRY
21 21c. M/ 21c. M/ 22 22 22c. MA	a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME ALLING ADDRESS ADDITIONAL SECURED PARTY'S NAME OF a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME CITY ASSIGNOR SECURED PARTY'S N FIRST PERSONAL NAME CITY	ADDITIO STATE NAME: Provide only one nat ADDITIO	POSTAL CODE me (22a or 22b) NAL NAME(SYINITIAL(S) POSTAL CODE	SUFFIX COUNTRY
21c. M/ 21c. M/ 22c. MA 22c. MA	a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME ADDITIONAL SECURED PARTY'S NAME of a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME AUDITIONAL SECURED PARTY'S NAME of ADDITIONAL SECURED PARTY'S NAME of ADDITIONAL SECURED PARTY'S NAME of	FIRST PERSONAL NAME CITY ASSIGNOR SECURED PARTY'S N FIRST PERSONAL NAME CITY	NAME: Provide only one nate of the state of	POSTAL CODE me (22a or 22b) NAL NAME(SYINITIAL(S) POSTAL CODE	SUFFIX COUNTRY