110	CC FINANCING STATEMENT AMENDMENT					
	LLOW INSTRUCTIONS					
A.	NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141]			
В.	E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com	1	7			
C.	SEND ACKNOWLEDGMENT TO: (Name and Address) 31256 - BAY	'COAST	1			
lſ	CT Lien Solutions 58230	0641				
•	P.O. Box 29071 Glendale, CA 91209-9071 RIRI					
١.	Consuls, S. Conzess St. Marian					
L	File with: Secretary of State, RI		THE ABOVE SPA	CE IS FOR FILIN	G OFFICE USE	ONLY
	NITIAL FINANCING STATEMENT FILE NUMBER 1211120280 4/23/2012 SS RI		1b. This FINANCING STATE (or recorded) in the REAL Filer: attach Amendment Add	LESTATE RECORD	S	•
2. [TERMINATION: Effectiveness of the Financing Statement identified above Statement	is terminated with	· · · · · · · · · · · · · · · · · · ·			
3. [ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, For partial assignment, complete items 7 and 9 and also indicate affected			ssignor in item 9		
4. 🛭	CONTINUATION: Effectiveness of the Financing Statement identified abov			Party authorizing thi	s Continuation Sta	atement is
5. 「	continued for the additional period provided by applicable law PARTY INFORMATION CHANGE:					
C	neck the of these two boxes.	of these three box IGE name and/or a		e: Complete item	, DELETE name: (Sive record pame
	his Change affects Debtor or Secured Party of record item 6	a or 6b; <u>and</u> item	7a or 7b <u>and</u> item 7c 7a or 7b,	and item 7c	to be deleted in ite	
6. CI	JRRENT RECORD INFORMATION: Complete for Party Information Change 6a. ORGANIZATION'S NAME	- provide only <u>one</u>	name (6a or 6b)			
<u></u>	TIVERTON CONVENIENCE POINT, INC					
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(SYINITIAL(S)		SUFFIX
7. C	HANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Complete for Assignment On Complete for On Complete fo	nange - provide only	one name (7e or 7b) (use exact, full name;	do not omit, modify, or abb	reviate any part of the	Debtor's name)
	7a. ORGANIZATION'S NAME					
or	7b. INDIVIDUAL'S SURNAME					
	INDIVIDUAL'S FIRST PERSONAL NAME					
İ	INDIVIDUAL S FIRST PERSONAL NAME					
ŀ	INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)					SUFFIX
70.1	MAILING ADDRESS	CITY		STATE POSTAL O	PODE	COUNTRY
7 C. N	MILLING ADDRESS			SIAIE POSIALO	ODE	COUNTRY
B. [COLLATERAL CHANGE: Also check one of these four boxes:	D collateral	DELETE collateral R	ESTATE covered co	llateral A	SSIGN collateral
	Indicate collateral:					
3 81/	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	ENDRACNT, D.	wide only an approx (0 = 20b) (-	£ A (- i Ai	4)
	_	name of authorizing		ame of Assignor, if thi	s is an Assignmen	τ)
ſ	9a. ORGANIZATION'S NAME BAYCOAST BANK					
OR -	9b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIONAL NAME(S	SYINITIAL(S)	SUFFIX
j						
	PTIONAL FILER REFERENCE DATA: Debtor Name: TIVERTON CC	NVENIENCE	POINT, INC	9404674		

RI SOS Filing Number: 201717811420 Date: 3/30/2017 3:45:00 PM

In Initial Financing Statement File Number: Same as item 1a on Amendment 201211120280 4/23/2012 SS RI NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment 12a. ORGANIZATION'S NAME BAYCOAST BANK			
12a. ORGANIZATION'S NAME			
	dment form		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
OR 40-MODULOUS SUDMANS			
120. MONTOUAL S SURVANIE			
FIRST PERSONAL NAME	Lovern		
ADDITIONAL NAME(SYINITIAL(S)		HE ABOVE SPACE IS FOR FILING OFFICE	
13. Name of DEBTOR on related financing statement (Name of a current Debtor of recone Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreation. ORGANIZATION'S NAME	cord required for indexing purpose eviate any part of the Debtor's nar	es only in some filing offices - see Instruction in the instructions if name does not fit	em 13): Provide only
TIVERTON CONVENIENCE POINT, INC			
13b. INDIVIDUAL'S SURNAME	IRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
TIVERTON CONVENIENCE POINT, INC - 29 STAFFORD ROAD , TIVERTON, RI 02878 Secured Party Name and Address: BAYCOAST BANK - 30 BEDFORD STREET , FALL RIVER, MA 02720 15. This FINANCING STATEMENT AMENDMENT:	17. Description of re	eal estate:	
Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):			