UCC FINANCING STATEMENT **FOLLOW INSTRUCTIONS** NAME & PHONE OF CONTACT AT FILER (optional) 1-800-858-5294 Corporation Service Company B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com mingackswcscimo.com. C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1291 30337 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Rhode Island (S.O.S.) THE ABOVE SPACE IS FOR 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 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) 18. ORGANIZATION'S NAME CASTLE BUILDERS, INC. 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 1c. MAILING ADDRESS 145 Marlow Street CITY POSTAL CODE COUNTRY STATE Cranston RI 02920 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 2b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 2c. MAILING ADDRESS POSTAL CODE COUNTRY 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 Citizens Bank, N.A. 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS One Citizens Plaza STATE POSTAL CODE COUNTRY Providence RI 02903 USA 4. COLLATERAL: This financing statement covers the following collateral: All personal property of Debtor of every kind and nature, wherever located, whether now owned or hereafter acquired, including without limitation, the following categories of property as defined in Revised Article 9 of the Uniform Commercial Code: goods (including inventory, equipment, fixtures, farm products, and any accessories thereto), instruments (including promissory notes), documents, accounts (including health-care-insurance receivables), chattel paper (whether tangible or electronic), deposit accounts, letter-of-credit rights (whether or not the letter of credit is evidenced by a writing), commercial tort claims, securities and all other investment property, general intangibles (including payment intangibles and software), supporting obligations and any and all records of, accessions to and products and proceeds of the foregoing. Any term used herein which is defined in either (i) Article 9 of the Uniform Commercial Code as in effect in the jurisdiction in which this financing statement was signed or authenticated by the Debtor at the time it was so signed or authenticated or (ii) Article 9 of the Uniform Commercial Code as in effect at any relevant time in the jurisdiction in which 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 6b. Check only if applicable and check only one box. Public-Finance Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lesso Consignee/Consignor Seller/Buve Bailee/Bailor Licensee/Licensor 8. OPTIONAL FILER REFERENCE DATA: 1291 30337

Date: 4/5/2017 1:45:00 PM

RI SOS Filing Number: 201717842280

## UCC FINANCING STATEMENT ADDENDUM

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financi	ng Statement; if line 1b was left blank				
9a. ORGANIZATION'S NAME CASTLE BUILDERS, INC.					
OR					
96. INDIVIDUAL'S SURNAME					
FIRST PERSONAL NAME					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFI		BOVE SPACE	IS FOR FILING OFFICE	FIISE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional do not omit, modify, or abbreviate any part of the Debtor's name)	Debtor name or Debtor name that did and enter the mailing address in line	not fit in line 1b or 2b			
10a. ORGANIZATION'S NAME					
10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					*******
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				<del></del>	SUFFIX
Dc. MAILING ADDRESS	СПҮ		STATE	POSTAL CODE	COUNTRY
DADDITIONAL SECURED PARTY'S NAME or 11a ORGANIZATION'S NAME	ASSIGNOR SECURED P		rovide only <u>one</u> na	me (11a or 11b)	
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	СІТҮ		STATE	POSTAL CODE	COUNTRY
his financing statement is filed, has the meanner the more encompassing of the two depersonal property of the Debtor.	efinitions. This financing	g statement co			
This FINANCING STATEMENT is to be filed [for record] (or re- REAL ESTATE RECORDS (if applicable)	covers timbe	er to be cut cov	ers as-extracted c	ollateral is filed as	a fixture filing
<ul> <li>Name and address of a RECORD OWNER of real estate described (If Debtor does not have a record interest);</li> </ul>	in item 16 16. Description of re	al estate			
. MISCELLANEOUS:				***************************************	