UCC FINANCING STATEMENT **FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com TIIIngacks@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1297 77092 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 (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) 1a ORGANIZATION'S NAME PJ'S PUB, LLC 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 1c. MAILING ADDRESS 1139 Pontiac Avenue CITY POSTAL CODE COUNTRY USA Cranston 02920 RI 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 25. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 2c. MAILING ADDRESS STATE 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 CITY 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 Manufactured-Home Transaction Non-UCC Filing A Debtor is a Transmitting Utility Agricultural Lien 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor 8. OPTIONAL FILER REFERENCE DATA: 1297 77092

Date: 4/12/2017 12:12:00 PM

RI SOS Filing Number: 201717872520

## UCC FINANCING STATEMENT ADDENDUM

| FOLLOW INSTRUCTIONS                                                                                                                                     |                                       |                               |                               |                               |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------|-------------------------------|-------------------------------|----------------|
| <ol> <li>NAME OF FIRST DEBTOR: Same as line 1a or 1b or<br/>because Individual Debtor name did not fit, check here</li> </ol>                           |                                       | ieft blank                    |                               |                               |                |
| 98. ORGANIZATION'S NAME<br>PJ'S PUB, LLC                                                                                                                |                                       |                               |                               |                               |                |
|                                                                                                                                                         |                                       |                               |                               |                               |                |
| Pb. INDIVIDUAL'S SURNAME                                                                                                                                |                                       |                               |                               |                               |                |
| FIRST PERSONAL NAME                                                                                                                                     |                                       | i                             |                               |                               |                |
| ADDITIONAL NAME(S)/INITIAL(S)                                                                                                                           | a to see a                            | SUFFIX                        | THE AROVE SPACE               | IS FOR FILING OFFICE          | IISE ONI V     |
| D. DEBTOR'S NAME: Provide (10a or 10b) only one and on not ornit, modify, or abbreviate any part of the Debto                                           |                                       | e that did not fit in line 15 |                               |                               |                |
| 10a. ORGANIZATION'S NAME                                                                                                                                | · ·                                   |                               |                               |                               |                |
| R 10b. INDIVIDUAL'S SURNAME                                                                                                                             |                                       |                               |                               |                               |                |
| INDIVIDUAL'S FIRST PERSONAL NAME                                                                                                                        | <del></del>                           |                               |                               |                               |                |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)                                                                                                              |                                       |                               |                               |                               | SUFFIX         |
| DC. MAILING ADDRESS                                                                                                                                     | CITY                                  |                               | STATE                         | POSTAL CODE                   | COUNTR         |
| . ADDITIONAL SECURED PARTY'S NAME                                                                                                                       | or ASSIGNOR SECU                      | RED PARTY'S NAI               | ME: Provide only <u>one</u> n | ame (11a or 11b)              |                |
| 11a. ORGANIZATION'S NAME                                                                                                                                |                                       |                               |                               |                               |                |
| R 11b. INDIVIDUAL'S SURNAME                                                                                                                             | FIRST PER                             | FIRST PERSONAL NAME           |                               | ADDITIONAL NAME(S)/INITIAL(S) |                |
| c MAILING ADDRESS                                                                                                                                       | CITY                                  |                               | STATE                         | POSTAL CODE                   | COUNTR         |
| ADDITIONAL SPACE FOR ITEM 4 (Collateral): his financing statement is filed, has the under the more encompassing of the personal property of the Debtor. |                                       |                               |                               |                               |                |
| This FINANCING STATEMENT is to be filed [for rec<br>REAL ESTATE RECORDS (if applicable)                                                                 | · · · · · · · · · · · · · · · · · · · | NANCING STATEMENT:            | covers as-extracted           | collateral is filed as a      | fixture filina |
| Name and address of a RECORD OWNER of real estate (if Debtor does not have a record interest):                                                          | described in item 16 16. Descrip      | tion of real estate:          | <b>_</b>                      | <u> </u>                      |                |
|                                                                                                                                                         |                                       |                               |                               |                               |                |
|                                                                                                                                                         |                                       |                               |                               |                               |                |
| . MISCELLANEOUS:                                                                                                                                        | <u> </u>                              |                               |                               |                               |                |