

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) 34785 - BROOKLINE				
CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071		58581498 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 United Associates LTD				
OR				
1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)
				SUFFIX
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
376 DRY BRIDGE ROAD		NORTH KINGSTOWN	RI	02852
				COUNTRY 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				
OR				
2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)
				SUFFIX
2c. MAILING ADDRESS		CITY	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 BANK RHODE ISLAND				
OR				
3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)
				SUFFIX
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
One Turks Head Place		Providence	RI	02903
				COUNTRY USA

4. **COLLATERAL:** This financing statement covers the following collateral:
All assets of the of the Debtor of every kind and nature including without limitation all of the present and future right, title, and interest of the Debtor in and to the following assets, as may be defined in the Uniform Commercial Code as now or hereafter adopted in the State of Rhode Island (the "UCC"), wherever located and whether now owned or hereafter acquired or arising and all products and proceeds thereof; all goods (including without limitation inventory, machinery, equipment and fixtures and any accessions and additions hereto and any substitutions or replacements thereof), instruments (including without limitation promissory notes), documents, healthcare and insurance receivables, accounts and account receivable, consignments, chattel paper (whether tangible or electronic), deposit accounts, letters of credit rights, (whether evidenced or not by a writing), commercial tort claims, copyrights, and copyright licenses, patent and patent licenses, trademarks and trade mark licenses, securities and investment property, general intangibles, (including without limitation payment intangibles and software,) supporting obligations, contract rights, rights to the payment of money, and insurance claims and proceeds. This financing statement covers and is intended to cover all assets of the Debtor, now existing or hereafter acquired and wherever located. It is the intention of the Debtor and Secured party that the description of the Collateral Set forth herein be construed to include the broadest possible range of property and assets and all tangible and intangible personal property fixtures of the Debtor of every kind and description pursuant to the UCC or applicable law, as may be amended from time to time.

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 <u>only</u> if applicable and check <u>only one</u> box:			6b. Check <u>only</u> if applicable and check <u>only one</u> box:	
<input type="checkbox"/> Public-Finance Transaction	<input type="checkbox"/> Manufactured-Home Transaction	<input type="checkbox"/> A Debtor is a Transmitting Utility	<input type="checkbox"/> Agricultural Lien	<input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor				
8. OPTIONAL FILER REFERENCE DATA: 58581498 380, 3800 SDL				