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	CC FINANCING STATEMENT					
Ä.	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.cor	n				
C.	SEND ACKNOWLEDGMENT TO: (Name and Address) 34785 - BRO		1			
l	T Lien Solutions 58688820					
'	P.O. Box 29071 Glendale, CA 91209-9071 RIRI	0020				
١.	Gieriuale, CA 31203-3071					
Ιl	El III O colo de Pi		THE ADOLE	OD 4 OF 10 F		0E 0NI V
	File with: Secretary of State, RI PEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full	name: do not omit			OR FILING OFFICE U: 's name): if any part of the	
	ame will not fit in line 1b, leave all of item 1 blank, check here 🔲 and provide		or information in item 10 of t			
	ta. organization's name Industrial Power Services, Inc					
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	
1c,	MAILING ADDRESS	CITY		STATE RI	POSTAL CODE	COUNTRY
_	Oxford Street	•	Providence		02905	USA Individual Dahlada
_	EBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full ame will not fit in line 2b, leave all of item 2 blank, check here and provide		or information in item 10 of t			
	2a. ORGANIZATION'S NAME					
OR		Tener erreits		T		SUFFIX
•	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)	
2c. l	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3. S	ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU 38. ORGANIZATION'S NAME	JRED PARTY): Pro	vide only one Secured Part	ty name (3a or 3	0)	
	BANK RHODE ISLAND					
OR	ЗЬ. INDIVIDUAL'S SURNAME	FIRST PERSONA	FIRST PERSONAL NAME		ADDITIONAL NAME(SYINITIAL(S) SUFFIX	
					T	
	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
_	ne Turks Head Place OLLATERAL: This financing statement covers the following collateral:	Providence		RI	02903	USA
to a perf all o fittin sub prop mai exis	nventory, equipment, accounts (including but not limited to all I promissory notes), letters of credit, rights of credit, document formance, and general intangibles (including but not limited to a bil, gas and other minerals and accounts constituting as extractings, increases, tools, parts repairs, supplies, and comingled go stitutions for all or any part of the forgoing property; all insurance party; all records and data and embedded software relating to the intain, and process any such records and data on electronic menting or hereafter arising, whether now owned or hereafter acquiducts and proceeds (including but not limited to insurance payments).	is, deposit accor ill software and ed collateral; all ods relating to to ce refunds relat the forgoing pro- edia; and all sup- tired or whether	unts, investment prop all payment intangible fixtures; all timber to he forgoing property; ing to the forgoing pro perty; and all equipme porting obligations re now or hereafter sub	erty, money, es); all oil, gas be cut; all att and all additi perty; all goo ent, inventory lating to the f ject to any rig	other rights to payme s, other minerals befor achments, accession ons, replacements of ad will relating to the f and software to utiliz orgoing property; all v	ent and ore extraction; os, accessories and forgoing re, create, whether now
	neck <u>only</u> if applicable and check <u>only</u> one box. Collateral isheld in a Trus Check <u>only</u> if applicable and check <u>only</u> one box: Public-Finance Transaction Manufactured-Home Transaction				red by a Decedent's Perso if applicable and check <u>or</u> ural Lien	nly one box:
7. AL		Consignee/Consign				nsee/Licensor
	PTIONAL FILER REFERENCE DATA:		<u> </u>		<u> </u>	· ·

RI SOS Filing Number: 201717973010 Date: 5/1/2017 11:22:00 AM

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