

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

|                                                                                                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br><b>Kathy Cosentino (401)680-8402</b>                                                                                                                                                          |  |
| B. E-MAIL CONTACT AT FILER (optional)<br><b>kcosentino@providenceri.gov</b>                                                                                                                                                                     |  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><b>Providence Business Loan Fund, Inc. f/k/a Providence<br/>Economic Development Partnership, Inc.<br/>444 Westminster Street, Suite 3A<br/>Providence, RI 02903<br/>ATTN: KATHY COSENTINO</b> |  |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
**009503**1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record]  
(or recorded) in the REAL ESTATE RECORDS  
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 132. ☐ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement3. ☐ **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 84. ☒ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law5. ☐ **PARTY INFORMATION CHANGE:**Check one of these two boxes:AND Check one of these three boxes to:This Change affects ☐ Debtor or ☐ Secured Party of record☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c☐ ADD name: Complete item 7a or 7b, and item 7c☐ DELETE name: Give record name to be deleted in item 6a or 6b6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

**Ada's Creations, Inc.**

|    |                          |                     |                               |        |
|----|--------------------------|---------------------|-------------------------------|--------|
| OR | 6b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
|----|--------------------------|---------------------|-------------------------------|--------|

7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME

|    |                                            |
|----|--------------------------------------------|
| OR | 7b. INDIVIDUAL'S SURNAME                   |
|    | INDIVIDUAL'S FIRST PERSONAL NAME           |
|    | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) |
|    | SUFFIX                                     |

|                     |      |       |             |         |
|---------------------|------|-------|-------------|---------|
| 7c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|---------------------|------|-------|-------------|---------|

8. ☐ **COLLATERAL CHANGE:** Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral  
Indicate collateral:9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  
If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME

**Providence Business Loan Fund, Inc. f/k/a Providence Economic Development Corporation**

|    |                          |                     |                               |        |
|----|--------------------------|---------------------|-------------------------------|--------|
| OR | 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
|----|--------------------------|---------------------|-------------------------------|--------|

10. **OPTIONAL FILER REFERENCE DATA:**  
**Ada's Creations / 108-486**