C FINANCING STATEMENT AN						
AME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141) 					
MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@w	olterskluwer.com					
END ACKNOWLEDGMENT TO: (Name and Address	ss) 34785 - BRO	OKLINE	ĺ			
CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	58895 RIRI	5582				
File with: Secretary of St	ate, RI		THE AB	OVE SPAC	E IS FOR FILING OFFICE (JSE ONLY
ITIAL FINANCING STATEMENT FILE NUMBER 169 11/7/2002 SS RI			(or recorded)	in the REAL E	NT AMENDMENT is to be filed STATE RECORDS dum (Form UCC3Ad) and provide De	•
TERMINATION: Effectiveness of the Financing Statem Statement	ent identified above i	s terminated with				
ASSIGNMENT (full or partial): Provide name of Assign For partial assignment, complete items 7 and 9 and al:	ee in item 7a or 7b, <u>a</u> so indicate affected c	nd address of As ollateral in item 8	signee in item 7c <u>and</u>	name of Assi	gnor in item 9	
CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applical	ment identified above de law	with respect to the	e security interest(s)	of Secured Pa	arty authorizing this Continuation	Statement is
PARTY INFORMATION CHANGE: cck one of these two boxes: change affects Debtor or Secured Party of reco	CHAN	of these three boxe GE name and/or ac a or 6b; <u>and</u> item 7a		ADD name: 7a or 7b, <u>an</u>		e: Give record name in item 6a or 6b
RENT RECORD INFORMATION: Complete for Party I	nformation Change -	provide only <u>one</u>	name (6a or 6b)			<u> </u>
CHAPEL BUILDING CORPORATION						
b. INDIVIDUAL'S SURNAME		FIRST PERSONA	NAME	,	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
ANGED OR ADDED INFORMATION: Complete for Assignments of Assignment	ent or Party Information Cha	inge - provide only <u>or</u>	g name (7a or 7b) (use ex	act, full name; do	not omit, modify, or abbreviate any part of	the Debtor's name)
D. INDIVIDUAL'S SURNAME					<u> </u>	
INDIVIDUAL'S FIRST PERSONAL NAME			· •			
INDIVIDUALS FIRST FERSONAL NAME						

9a. ORGANIZATION'S NAME	ized by a DEBTOR, check here	and provide name of authorizing Debtor		
BANK RHODE IS	_AND			
9b. INDIVIDUAL'S SURNAME	····	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

RI SOS Filing Number: 201718047440 Date: 5/16/2017 11:29:00 AM

CITY

DELETE collateral

UCC FINANCING STATEMENT AMENDMENT

CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 34785 - BROOKLINE

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide onl

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide

8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral

This Change affects Debtor or Secured Party of record

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141

B. E-MAIL CONTACT AT FILER (optional)

1a. INITIAL FINANCING STATEMENT FILE NUMBER

015169 11/7/2002 SS RI

5. PARTY INFORMATION CHANGE:

Check one of these two boxes:

6a. ORGANIZATION'S NAME

6b. INDIVIDUAL'S SURNAME

7a, ORGANIZATION'S NAME

7b. INDIVIDUAL'S SURNAME

7c. MAILING ADDRESS

Indicate collateral:

OR

OR

FOLLOW INSTRUCTIONS

STATE

RESTATE covered collateral

POSTAL CODE

Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

COUNTRY

ASSIGN collateral

JCC FINANCING STATEMENT AMENDME OLLOW INSTRUCTIONS	ENT ADDEN	DUM				
1, INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a oi 115169 11/7/2002 SS RI	n Amendment form					
2. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item	9 on Amendment form	1				
12a. ORGANIZATION'S NAME						
BANK RHODE ISLAND						
DR 12b. INDIVIDUAL'S SURNAME	-					
FIRST PERSONAL NAME						
ADDITIONAL NAME(S)/INITIAL(S)						
		SUFFIX		SPACE IS FOR FILI		
 Name of DEBTOR on related financing statement (Name of a current D one Debtor name (13a or 13b) (use exact, full name; do not omit, modified. 	bebtor of record require ify, or abbreviate any p	ed for indexing p art of the Debto	urposes only in son 's name); see Instr	ne filing offices - see uctions if name does	Instruction item not fit	13): Provide onl
13a. ORGANIZATION'S NAME CHAPEL BUILDING CORPORATION						
R 13b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME		ADDITIONAL NAME(S	SYINITIAL(S)	SUFFIX
I. ADDITIONAL SPACE FOR ITEM 8 (Collateral):				<u> </u>		
. This FINANCING STATEMENT AMENDMENT: Covers timber to be cut Covers as-extracted collateral is	s filed as a fixture filing		of real estate:			
Name and address of a RECORD OWNER of real estate described in its (if Debtor does not have a record interest):						
MISCELLANEOUS: 58895582-RI-0 34785 - BROOKLINE BANK	BANK RHODE ISLAND	Fi	e with: Secretary of Sta	ate, Ri Loan Servi	cing 725 - 0725 k	љ