RI SOS Filing Number: 201718082630 Date: 5/24/2017 3:35:00 PM

A. NAME & PHONE OF CONTACT AT FILER (optional)				
B. E-MAIL CONTACT AT FILER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Frank A. Lanbardi, Ess goodran, Sheepino & Land 14 Breakne & Gall Road	suire]			
goodnean, Sheepino & Combo	arojus			
1413reanne critical Road	Enths 503			
CINCEDO LIVE DE DE DE	THE ABOV	E SPACE IS FO	R FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, fi	ull name; do not omit, modify, or abbreviate any	part of the Debto	's name); if any part of the l	ndividual Debto
name will not fit in line 1b, leave all of item 1 blank, check here and provide 1a. ORGANIZATION'S NAME	de the Individual Debtor information in item 10 o	f the Financing St	atement Addendum (Form U	CC1Ad)
CONRAD CONDOMINITUM	1 Assoc, MC			
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
385 west-moder. Street	Provocace	NI	62503	Lesa
2b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL NAME		NAL NAME(\$)/INITIAL(\$)	SUFFIX
: MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC	CURED PARTY): Provide only <u>one</u> Secured Par	ty name (3a or 3b)	<u> </u>
38. ORGANIZATION'S NAME WEBSTER BANK, N.A. Its.	weresons and lot	CICAC I	ATIMA	
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME			SUFFIX
: MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1. Fr D. A Charat	waterbury	4	20530	uso
145 Bank Street	· ·			
COLLATERAL: This financing statement covers the following collateral:				
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Check <u>only</u> if applicable and check <u>only</u> one box. Collateral isheld in a Trus			ed by a Decedent's Persona	Representat
Check <u>only</u> if applicable and check <u>only</u> one box. Collateral is held in a Trus . Check <u>only</u> if applicable and check <u>only</u> one box:		being agminister	ed by a Decedent's Persona applicable and check <u>only</u> o	
Check <u>only</u> if applicable and check <u>only</u> one box. Collateral isheld in a Trus		being agminister	applicable and check only o	ne box:

8. OPTIONAL FILER REFERENCE DATA:

EXHIBIT A TO FINANCING STATEMENT

DEBTOR: CONRAD CONDOMINIUM ASSOC, INC. a/k/a CONRAD

CONDOMINIUM ASSOCIATION INC.

SECURED PARTY: WEBSTER BANK, NA

This Financing Statement covers the following items of property:

(A) All of Debtor's future income from whatever sources, including, without limitation, all common charges, assessments, special assessments, late charges, fines, interest on past due common charges and penalties now or hereafter levied and assessed against or collected from the owners of units of the Conrad Condominium, a condominium located in Providence, Rhode Island;

(B) Funds in Account No. in WEBSTER BANK, NA, 609 West Johnson Avenue, Cheshire, CT 06410.

Terms used herein shall have the following meaning:

"Condominium" means the Conrad Condominium a condominium created pursuant to the Rhode Island Condominium Act, Rhode Island General Laws, Section 34-36.1, et seq. by Declaration of Condominium recorded in the Office of the Records of Land Evidence for the City of Providence, which Condominium is located in the City of Providence, County of Providence, and State of Rhode Island.

"Declaration" means the Declaration of Condominium for the Condominium recorded in Book 2163, Page 60 of the City of Providence, Rhode Island, Office of the Records of Land Evidence, as heretofore, now or hereafter amended, including all exhibits and schedules thereto, including without limitation, the Bylaws of the Condominium.

Other terms used herein which are not defined herein shall have the meaning given to such terms in the Declaration.

All as set forth in a Security Agreement and Agreement and Absolute Assignment of Income dated May 24, 2017.