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UCC FINANCING STATEMENT AMENDME	NT			
A. NAME & PHONE OF CONTACT AT FILER (optional)		1		
Phone: (800) 331-3282 Fax: (818) 662-4141 B. E-MAIL CONTACT AT FILER (optional)	***	4		
- CLS-CTLS_Glendale_Customer_Service@wolterskluwer	r.com			
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 7995 - N	WEBSTER BANK	1		
CT Lien Solutions 59 P.O. Box 29071	034758			
Glendale, CA 91209-9071 RI	र।			
1	1			
File with: Secretary of State, RI		THE ABOVE SPA	CE IS FOR FILING OFFICE US	SE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201211253320 6/1/2012 SS RI		(or recorded) in the REA	MENT AMENDMENT is to be filed (fill ESTATE RECORDS	•
TERMINATION: Effectiveness of the Financing Statement identified a Statement	bove is terminated with		dendum (Form UCC3Ad) <u>and</u> provide Debt) of Secured Party authorizing this To	
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a c For partial assignment, complete items 7 and 9 and also indicate after			ssignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	above with respect to	the security interest(s) of Secured	Party authorizing this Continuation S	Statement is
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes: AND Check one of these two boxes:	ck <u>one</u> of these three box CHANGE name and/or a		ne: Complete item DELETE name:	Give record name
This Change affects Debtor or Secured Party of record	item 6a or 6b; and item	7a or 7b <u>and</u> item 7c 7a or 7b,	and item 7c to be deleted in	
6. CURRENT RECORD INFORMATION: Complete for Party Information Ch 6a. ORGANIZATION'S NAME	ange - provide only <u>one</u>	name (6a or 6b)		
CLIFFORD J. DECK C.P.A., INC.				
6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informa- 7a. ORGANIZATION'S NAME	ation Change - provide only	one name (7a or 7b) (use exect, full name;	do not omit, modify, or abbreviate any part of th	e Debtor'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	S AMENDMENT: Pro	ovide only <u>one</u> name (9a or 9b) (na	ame of Assignor, if this is an Assignme	ent)
If this is an Amendment authorized by a DEBTOR, check here and program and pro	ovide name of authorizing	ng Debtor		· · · · · · · · · · · · · · · · · · ·
Webster Bank, N.A.				
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONA	LNAME	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: CLIFFORD	J. DECK C.P.A.,	INC.		<u> </u>
59034758 7995			4750326135	

RI SOS Filing Number: 201718098730 Date: 5/25/2017 3:26:00 PM

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOI	LLOW INSTRUCTIONS				
	INITIAL FINANCING STATEMENT FILE NUMBER: Same as ite 1211253320 6/1/2012 SS RI	em 1a on Amendment form			
12.	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same	as item 9 on Amendment for	m	1	
	12a. ORGANIZATION'S NAME			1	
	Webster Bank, N.A.	····			
OR	12b. INDIVIDUAL'S SURNAME				
	FIRST PERSONAL NAME		<u></u>	1	
	ADDITIONAL NAME(SYINITIAL(S)		SUFFIX		
13.	Name of DEBTOR on related financing statement (Name of a cone Debtor name (13a or 13b) (use exact, full name; do not on 13a. ORGANIZATION'S NAME CLIFFORD J. DECK C.P.A., INC.	current Debtor of record requi nit, modify, or abbreviate any	red for indexing part of the Debi	purposes only in some filing offices - see Instruction item tor's name); see Instructions if name does not fit	13): Provide only
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
Deb CLII Sec	ADDITIONAL SPACE FOR ITEM 8 (Collateral): otor Name and Address: FFORD J. DECK C.P.A., INC 63 SOCKANOSSET sured Party Name and Address: bster Bank, N.A 436 Slater Road NB 145, New Br		ANSTON, RI	02920	

15. This FINANCING STATEMENT AMENDMENT;	17. Description of real estate:
covers timber to be cut covers as-extracted collateral is filed as a fixture filing	
16. Name and address of a RECORD OWNER of real estate described in item 17	
(if Debtor does not have a record interest):	
19 MICCELL ANDOLOGIC E0024750 DEO. 7005 MEDICED BANK	

18. MISCELLANEOUS: 59034758-RI-0 7995 - WEBSTER BANK

Webster Bank, N.A.

File with: Secretary of State, RI

7995 4750326135