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	CC FINANCING STATEMENT AMENDMEN	NT						
	DLLOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141		1					
В	E-MAIL CONTACT AT FILER (optional)		1					
_	CLS-CTLS_Glendale_Customer_Service@wolterskluwer. SEND ACKNOWLEDGMENT TO: (Name and Address) 24785 E	· · · · · · · · · · · · · · · · · · ·	4					
ľ	54765 - E	BROOKLINE						
	CT Lien Solutions 590 P.O. Box 29071)45572						
l	Glendale, CA 91209-9071 RIR	tl						
	File with: Secretary of State, RI		THE ABOVE SPA	CE IS F	OR FILING OFFICE US	E ONLY		
	INITIAL FINANCING STATEMENT FILE NUMBER 1211874390 11/21/2012 SS RI		1b. This FINANCING STATE (or recorded) in the REA	(or recorded) in the REAL ESTATE RECORDS				
2.	20 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement							
3.	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or For partial assignment, complete items 7 and 9 and also indicate affective for partial assignment, complete items 7 and 9 and also indicate affective for partial assignment.			ssignor in	item 9			
4.	4. 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 law							
٠.,	5. PARTY INFORMATION CHANGE: Check one of these two boxes: AND Check one of these three boxes to:							
		HANGE name and/or a em 6a or 6b; and item	address: Complete ADD nan	ne: Comple and item 7	ete item DELETE name:	Give record name		
	CURRENT RECORD INFORMATION: Complete for Party Information Chair							
	6a. ORGANIZATION'S NAME NORTHBOROUGH HOLDINGS, INC.							
OR	l "	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX		
7. (L CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informati	on Change - provide only	one name (7a or 7b) (use exact, full name;	do not omit,		Debtor's name)		
	7a. ORGANIZATION'S NAME							
OR	7b. INDIVIDUAL'S SURNAME							
	INDIVIDUAL'S FIRST PERSONAL NAME							
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		<u></u>		17 14 A. 148A.	SUFFIX		
7c.	MAILING ADDRESS	CITY	•	STATE	POSTAL CODE	COUNTRY		
8. [COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral F	L RESTATE	covered collateral A	SSIGN collateral		
	Indicate collateral:					ooron donatora		
9. N	IAME OF SECURED PARTY OF RECORD AUTHORIZING THIS	AMENDMENT: Pro	ovide only <u>one</u> name (9a or 9b) (n	ame of Ass	signor, if this is an Assignme	nt)		
	,	ide name of authorizir						
	BANK RHODE ISLAND							
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX		
10. (DPTIONAL FILER REFERENCE DATA: Debtor Name: NORTHBOI	FOLICH HOLDIN	GS INC			<u> </u>		
	45572 Loan Servicing 725 - 0725		OO, INO.		wtc			

RI SOS Filing Number: 201718109030 Date: 5/26/2017 11:39:00 AM

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 201211874390 11/21/2012 SS RI 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME BANK RHODE ISLAND OR 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit 13a. ORGANIZATION'S NAME NORTHBOROUGH HOLDINGS, INC. 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

NORTHBOROUGH HOLDINGS, INC. - 56 PINE STREET, UNIT 3, PROVIDENCE, RI 02903

15. This FINANCING STATEMENT AMENDMENT

Debtor Name and Address:

Secured Party Name and Address: BANK RHODE ISLAND - ONE TURKS HEAD PLACE , PROVIDENCE, RI 02903 $\,$

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):	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	
18. MISCELLANEOUS: 59045572-RI-0 34785 - BROOKLINE BANK BANK RHODE ISLAND File with: Secretary of State, RI Loan Servicing 725 - 0725 wtc	10 MICCELLANGOLIC, 500A5572 DIA, 24705 DECOVINE BANK.	