

UCC-1 Form

FILER INFORMATION

Full name:

Email Contact at Filer: CBAGLIONI@WDGLAW.COM

SEND ACKNOWLEDGEMENT TO

Contact name: CHRISTINE L. BAGLIONI, ESQ. @ WIECK DeLUCA & GEMMA, INC.

Mailing Address: 56 PINE STREET, SUITE 700

City, State Zip Country: PROVIDENCE, RI 02903 USA

DEBTOR INFORMATION

Org. Name: OR PROPERTIES, LLC

Mailing Address: 140 POINT JUDITH ROAD, UNIT A7

City, State Zip Country: NARRAGANSETT, RI 02882 USA

SECURED PARTY INFORMATION

Org. Name: BANK RHODE ISLAND

Mailing Address: ONE TURKS HEAD PLACE, 15TH FLOOR

City, State Zip Country: PROVIDENCE, RI 02903 USA

TRANSACTION TYPE: STANDARD

COLLATERAL

SEE ATTACHED

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| |
|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Christine L. Baglioni, Esq |
| B. E-MAIL CONTACT AT FILER (optional) cbaglioni@wdglaw.com |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) Wieck DeLuca & Gemma, Inc. 56 Pine Street Suite 700 Providence, Rhode Island 02903 |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); If any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|--|--------------------------|-----------------------------|-------------------------------|-----------------------------|
| 1a. ORGANIZATION'S NAME OR PROPERTIES, LLC | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 140 Point Judith Road, Unit 7A | | CITY Narragansett | STATE RI | POSTAL CODE 02882 |
| | | | COUNTRY us | |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); If any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|-------------------------|--------------------------|---------------------|-------------------------------|-------------|
| 2a. ORGANIZATION'S NAME | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| | | | | COUNTRY |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | |
|--|--------------------------|---------------------------|-------------------------------|-----------------------------|
| 3a. ORGANIZATION'S NAME Bank Rhode Island | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS One Turks Head Place, 15th Floor | | CITY Providence | STATE RI | POSTAL CODE 02903 |
| | | | COUNTRY US | |

4. COLLATERAL: This financing statement covers the following collateral:

All assets owned by Debtor and used or useable in connection with the real property and improvements located at 140 Point Judith Road, Narragansett, Rhode Island 02882, Units A4, A5, A6 and A7, Mariner Square Condominium.

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|---|--|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative | |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility | |
| 6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing | |
| 7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser | |
| 8. OPTIONAL FILER REFERENCE DATA: RI SOS | |