RI SOS Filing Number: 201718297070 Date: 7/11/2017 11:15:00 AM

23 Broad Street	_
4. COLLATERAL: This financing statement co	vers the following collateral:

The Washington Trust Company, of Westerly

OR

OR

OR

3a. ORGANIZATION'S NAME

3b. INDIVIDUAL'S SURNAME

3c. MAILING ADDRESS

All inventory, equipment, accounts (including but not limited to all health-care-insurance receivables), chattel paper, instruments (including but not limited to all promissory notes), letter-of-credit rights, letters of credit, documents, deposit accounts, investment property, money, other rights to payment & performance, and general intangibles (including but not limited to all software and all payment intangibles); all oil, gas & other minerals before extraction; all oil, gas, other minerals & accounts constituting as-extracted collateral; all fixtures; all timber to be cut; all attachments, accessions, accessories, fittings, increases, tools, parts, repairs, supplies, & commingled goods relating to the foregoing property, & all additions, replacements of and substitutions for all or any part of the foregoing property; all insurance refunds relating to the foregoing property; all good will relating to the foregoing property; all records & data and embedded software relating to the foregoing property, and all equipment, inventory and software to utilize, create, maintain and process any such records & data on electronic media; & all supporting obligations relating to the foregoing property; all whether now existing or hereafter arising, whether now owned or hereafter acquired or whether now or hereafter subject to any rights in the foregoing property; & all products and proceeds (including but not limited to all insurance payments) of or relating to the foregoing property.

Westerly

FIRST PERSONAL NAME

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

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buye	Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	· · · · · · · · · · · · · · · · · · ·
59712696 JAC	\$100,000

SUFFIX

COUNTRY

USA

ADDITIONAL NAME(SYINITIAL(S)

POSTAL CODE

02891

STATE

RI