RI SOS Filing Number: 201718355310 Date: 7/25/2017 11:31:00 AM

	CC FINANCING STATEMENT AMENDME	NT				
A. B.	NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294 E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com SEND ACKNOWLEDGMENT TO: (Name and Address in 10 c) 1336 49968 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In:	ion _				
	801 Adlai Stevenson Drive Springfield, IL 62703 INITIAL FINANCING STATEMENT FILE NUMBER Filed In:	Rhode Island (S.O.S.)	THE ABOVE SPA		NG OFFICE USE	
	00705714350 12/10/2007 TERMINATION: Effectiveness of the Financing Statement identified all Statement	bove is terminated v	(or recorded) in the REA Filer: <u>attach</u> Amendment Ad	L ESTATE RECOR Idendum (Form UCC	RDS 3Ad) <u>and</u> provide Debto	or's name in item 13
 3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 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 						
	5. PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects Debtor or Secured Party of record item 6a or 6b; and item 7a or 7b and item 7c CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)					
OR	6a. ORGANIZATION'S NAMEPROVIDENCE CRANE SERV 6b. INDIVIDUAL'S SURNAME	FIRST PERSON		ADDITIONAL NA	ME(S)/INITIAL(S)	SUFFIX
7. (OR	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Infon 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME	mation Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, full n	ame, do not omit, modifi	y, or abbreviate any part of	the Debtor's name)
	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c.	MAILING ADDRESS	CITY		STATE POST	AL CODE	COUNTRY
8.	COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four boxes: A Indicate collateral:	DD collateral [DELETE collateral	RESTATE covered	collateral [] A	SSIGN collateral
lf	9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor ORGANIZATION'S NAME Citizens Bank, N.A. formerly known as RBS Citizens, N.A.					
ΔD	96. INDIVIDUAL'S SURNAME	FIRST PERSON		ADDITIONAL NA	ME(S)/INITIAL(S)	SUFFIX
10.0	OPTIONAL FILER REFERENCE DATA: Debtor: PROVIDENC	E CRANE SE	RVICE CO INC			
						1336 49968