**UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) filingacks@cscinfo.com Corporation Service Company 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1344 45893 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 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) 18. ORGANIZATION'S NAME Blackstone Valley Drywall Inc. 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 1c. MAILING ADDRESS 48 NERIS WAY CITY POSTAL CODE COUNTRY STATE **PASCOAG** RI 02859 **USA** 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 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 2c. MAILING ADDRESS 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 Citizens Bank, N.A. 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS One Citizens Plaza STATE POSTAL CODE COUNTRY Providence RI 02903 USA 4. COLLATERAL: This financing statement covers the following collateral: All personal property of Debtor of every kind and nature, wherever located, whether now owned or hereafter acquired, including without limitation, the following categories of property as defined in Revised Article 9 of the Uniform Commercial Code: goods (including inventory, equipment, fixtures, farm products, and any accessories thereto). instruments (including promissory notes), documents, accounts (including health-care-insurance receivables), chattel paper (whether tangible or electronic), deposit accounts, letter-of-credit rights (whether or not the letter of credit is evidenced by a writing), commercial tort claims, securities and all other investment property, general intangibles (including payment intangibles and software), supporting obligations and any and all records of, accessions to and products and proceeds of the foregoing. Any term used herein which is defined in either (i) Article 9 of the Uniform Commercial Code as in effect in the jurisdiction in which this financing statement was signed or authenticated by the Debtor at the time it was so signed or authenticated or (ii) Article 9 of the Uniform Commercial Code as in effect at any relevant time in the jurisdiction in which 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 Seller/Buyer Consignee/Consignor Bailee/Bailor Licensee/Licensor 8. OPTIONAL FILER REFERENCE DATA 1344 45893

RI SOS Filing Number: 201718435940 Date: 8/15/2017 12:13:00 PM

## UCC FINANCING STATEMENT ADDENDUM

98. ORGANIZATION'S NAME Blackstone Valley Drywall Inc.  OR  56. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S/INITIAL(S)  DEBTOR'S NAME: Provide (10a or 10b) only gag additional Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailting address in line 10c  10a. ORGANIZATION'S NAME  10b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S ADDITIONAL NAME(S/INITIAL(S)  SU  10c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  CC  ASSIGNOR SECURED PARTY'S NAME: Provide only gag name (11a or 11b)  11a. ORGANIZATION'S NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S/INITIAL(S)  SU  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S/INITIAL(S)  SU  THE ABOVE SPACE IS FOR FILING OFFICE USE  THE A	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing S     because Individual Debtor name did not fit, check here	tatement; if line 1b was li	eft blank				
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