RI SOS Filing Number: 201718479610 Date: 8/25/2017 9:34:00 AM

A. NAME & PHONE OF CONTACT AT FILER (optional) Joseph M. DiOrio (401-632-0911) B. E-MAIL CONTACT AT FILER (optional) Joseph M. DiOrio (401-632-0911) B. E-MAIL CONTACT AT FILER (optional) Joseph M. DiOrio, Esq. Law Office of Joseph M. DiOrio, Inc. 144 Westminster Street, Suite 302 Providence, RI 02903 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only one Debtor name (1s 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 Deator information in item 10 of the Financing Statement Addenous, (Form UCC1Ad) Ta. ORGANIZATION'S NAME Century Sheet Metal, Inc. The ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR						
Joseph M. DiOrio (401-632-0911) B. E-MAIL CONTACT AT FILER (optional) midiorio@dioriolaw.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) Joseph M. DiOrio, Esq. Law Office of Joseph M. DiOrio, Inc. 144 Westminster Street, Suite 302 Providence, RI 02903 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only one Debtor name (1s or 1b) (use exact, full name; do not one), modify, or abbreviate any part of the Debtor's name), if any part of the Individual Debtor information in fam 10 of the Financing Statement Addrenoum (Form UCC1Ad) The ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only one Debtor name (1s or 1b) (use exact, full name; do not one), modify, or abbreviate any part of the Debtor's name), if any part of the Individual Debtor information in fam 10 of the Financing Statement Addrenoum (Form UCC1Ad) The NOIVIDUAL'S SURNAME Provide only one Debtor name (2s or 2b) (use exact, full name; do not one), modify, or abbreviate any part of the Debtor's name), if any part of the individual Debtor information in idem 10 of the Financing Statement Addrenoum (Form UCC1Ad) The NOIVIDUAL'S SURNAME Provide only one Debtor name (2s or 2b) (use exact, full name; do not one), modify, or abbreviate any part of the Debtor's name), if any part of the individual Debtor information in idem 10 of the Financing Statement Addrenoum (Form UCC1Ad) The NoiVIDUAL'S SURNAME Provide only one Debtor name (2s or 2b) (use exact, full name; do not one), modify, or abbreviate any part of the Debtor's name), if any part of the individual Debtor information in idem 10 of the Financing Statement Addrenoum (Form UCC1Ad) The NoiVIDUAL'S SURNAME Provide only one Secured Party name (2s or 3b) The NoiVIDUAL'S SURNAME Provide only one Secured Party name (2s or 3b) The NoiVIDUAL'S SURNAME Provide only one Secured Party name (2s or 3b) The NoiVIDUAL'S SURNAME Provide only one Secured Party name (2s or 3b) The NoiVIDUAL'S SURNAME Provide only one Secured P	UCC FINANCING STA	TEMENT				
8. E-MAIL CONTACT AT FILER (optional) imdiorio@diorio@x.com 2. SEND ACKNOWLEDGMENT TO: (Name and Address) 3. SEND ACKNOWLEDGMENT TO: (Name and Address) 3. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only gag Debtor name (1a or 1b) (use exact, but name, do not ornit, modify, or abbreviate any part of the Debtor's name). If any part of the Individual Debtor information in fem 10 of the Financing Statement Addersor, (Form UCC1Ad) 1a. ORGANIZATION'S NAME CENTRY Sheet Metal, Inc. 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ACDITIONAL NAME(S)INNITIAL(S) DEBTOR'S NAME: Provide only gag Debtor name (2a or 2b) (use exact, but name, do not ornit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor information in fem 10 of the Financing Statement Adderdum (Form UCC1Ad) 2a ORGANIZATION'S NAME POSTAL CODE COUNT STATE POSTAL CODE COUNT SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only gag Secured Party name (3a or 3b) 3a ORGANIZATION'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INNITIAL(S) SUFFIX BALLING ADDRESS CITY STATE POSTAL CODE COUNT SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only gag Secured Party name (3a or 3b) 3a ORGANIZATION'S NAME FIRST PERSONAL NAME FI	A. NAME & PHONE OF CONTACT	, , ,				
Joseph M. DiOrio, Esq. Law Office of Joseph M. DiOrio, Inc. 144 Westminster Street, Suite 302 Providence, RI 02903						
Joseph M. DiOrio, Esq. Law Office of Joseph M. DiOrio, Inc. 144 Westminster Street, Suite 302 Providence, RI 02903 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 ontit, modify, or abbreviate any part of the Debtor's name), if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCCIAd) Tag GRONIZATION'S NAME Century Sheet Metal, Inc. The ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR F		•	•			
Law Office of Joseph M. DiOrio, Inc. 144 Westminster Street, Suite 302 Providence, RI 02903 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 information in item 10 of the Friending Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME Century Sheet Metal, Inc. 1b. INDIVIDUAL'S SURNAME PRESONAL NAME PRESONAL NAME PRESONAL NAME POSTAL CODE COUNT East Providence CITY East Providence RI 02915 USA 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 information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a ORGANIZATION'S NAME POSTAL CODE COUNT COUNT IN INDIVIDUAL'S SURNAME PROSTAL CODE COUNT IN INDIVIDUAL'S SURNAME PROSTAL CODE COUNT COUNT IN INDIVIDUAL'S SURNAME FIRST PERSONAL NAME POSTAL CODE COUNT CITY STATE POSTAL CODE COUNT COUNT STATE POSTAL CODE COUNT COUNT COUNT COUNT COUNT COUNT COUNT CITY STATE POSTAL CODE COUNT CITY CITY STATE POSTAL CODE COUNT CITY STATE POSTAL CODE COUNT CITY STATE POSTAL CODE COUNT CITY CITY STATE POSTAL CODE COUNT CITY CITY CITY CITY STATE POSTAL CODE COUNT CITY CITY CITY CITY STATE POSTAL CODE COUNT CITY CI	C. SEND ACKNOWLEDGMENT TO): (Name and Address)	•			
Providence, RI 02903 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only one Debtor name (1s 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 Deator information in item 10 of the Financing Statement Addendum (Form UCC1Ad) Ta. ORGANIZATION'S NAME Century Sheet Metal, Inc. It is into Postal Code The Above Space Is FOR FILING OFFICE USE ONLY Ta. ORGANIZATION'S NAME Century Sheet Metal, Inc. If is into Postal Code The Above Space Is FOR FILING OFFICE USE ONLY Ta. ORGANIZATION'S NAME Postal Code To Count Office in fire 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) Ta. ORGANIZATION'S NAME Postal Code To Count Office In fire 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) Tan ORGANIZATION'S NAME Postal Code To Count Organization's NAME FIRST PERSONAL NAME Postal Code Count Organization's NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX The Above Space Is for the Debtor's name; if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) Tan Organization's NAME The Above Space Is above Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) The Above Space Is above Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) The Above Space Is above Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) The Above Space Is above Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) The Above Space Is above Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad) The Above Space Is above Individual Debtor Information in item 10 of the Debto	Law Office of Joseph	M. DiOrio, Inc.	7			
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 ornit, modify, or subreviete any part of the Debtor's name). If any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME Century Sheet Metal, Inc. 1b. INDIVIDUAL'S SURNAME PRIST PERSONAL NAME ADDITIONAL NAME(Sylinitial(S)) SUFFIX DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not ornit, modify, or abbreviate any part of the Debtor's name; if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a ORGANIZATION'S NAME Postal CODE 2a ORGANIZATION'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(Sylinitial(S)) SUFFIX DESCURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(Sylinitial(S)) SUFFIX STATE POSTAL CODE COUNT 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 FIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(Sylinitial(S)) SUFFIX STATE POSTAL CODE COUNT CITY STATE POSTA		et, Suite 302				
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 information in item 10 of the Financing Statement Addendum (Form UCC1Ad) [1a. ORGANIZATION'S NAME [1b. INDIVIDUAL'S SURNAME] [1b. INDIVIDUAL'S SURNAME] [1c. INDIVIDUAL'S SURNAME]	Frovidence, KI 02903					
Tax. ORGANIZATION'S NAME TAX ORGANIZATION'S NAME Century Sheet Metal, Inc. TAX ORGANIZATION'S NAME TAX ORGANIZATION'S NAME TAX ORGANIZATION'S NAME TAX ORGANIZATION'S NAME FIRST PERSONAL NAME TAX ORGANIZATION'S NAME TAX ORGANIZATION'S NAME FIRST PERSONAL NAME FIRST PERSON			THE ABOV	VE SPACE IS FO	OR FILING OFFICE USE	ONLY
Ta. ORGANIZATION'S NAME Century Sheet Metal, Inc. Ib. INDIVIDUAL'S SURNAME If IRST PERSONAL NAME CITY East Providence CITY East Providence CITY DEBTOR'S NAME: Provide only gag 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 information in item 10 of the Financing Statement Addendum (Form UCC1Act) 2a ORGANIZATION'S NAME Zo INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SyMNITIAL(S)) SUFFIX TATE POSTAL CODE COUNT CITY STATE POSTAL CODE COUNT SECURED PARTY'S NAME (or NAME of NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(SYMNITIAL(S)) SUFFIX 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 FIRST PERSONAL NAME ADDITIONAL NAME(SYMNITIAL(S)) SUFFIX BY PERSONAL NAME FOR THE POSTAL CODE COUNT CITY STATE POSTAL CODE COUNT CITY STATE POSTAL CODE COUNT AMILING ADDRESS CITY STATE POSTAL CODE COUNT CITY STATE POSTAL CODE COUNT AMILING ADDRESS COLLATERAL: This financing statement covers the following collateral: All assets of Debtor now existing or hereafter acquired and all proceeds thereof, including without limitation, the collater						
The INDIVIDUAL'S SURNAME	1a, ORGANIZATION'S NAME			•	<u> </u>	<u> </u>
ADDITIONAL NAME(S)INITIAL(S) SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SECURED PARTY'S NAME (or NAME (S)INITIAL(S) SUFFIX SECURED PARTY'S NAME (S)INIT	70 (l, Inc.		1.225.2		
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 Dename will not if 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 R. 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 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 Freedom National Bank 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNT CITY STATE POSTAL CODE COUNT ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNT ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNT CITY STATE POSTAL CODE COUNT ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNT RI POSTAL CODE COUNT CITY Greenville COUNT ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNT COUNT CITY Greenville COLLATERAL: This financing statement covers the following collateral: All assets of Debtor now existing or hereafter acquired and all proceeds thereof, including without limitation, the collater	16. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	AODITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
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 information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a ORGANIZATION'S NAME R 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 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 Freedom National Bank 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNT CITY STATE POSTAL CODE COUNT ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNT CITY STATE POSTAL CODE COUNT CITY STATE POSTAL CODE COUNT C	c. MAILING ADDRESS		СІТУ	STATE	POSTAL CODE	COUNTRY
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 MAILING ADDRESS CITY STATE POSTAL CODE COUNT 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 Freedom National Bank 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)(INITIAL(S) SUFFIX MAILING ADDRESS CITY STATE POSTAL CODE COUNTING CITY STATE POSTAL CODE COUNTING CITY STATE POSTAL CODE COUNTING COUNTING	10 Monlo Assesses		l — . —	1		TTO
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 Freedom National Bank 3b. INDIVIDUAL'S SURNAME MAILING ADDRESS MAILING ADDRESS CITY Greenville COLLATERAL: This financing statement covers the following collateral: All assets of Debtor now existing or hereafter acquired and all proceeds thereof, including without limitation, the collater	DEBTOR'S NAME: Provide only gname with not fit in line 2b, leave all of 2a. ORGANIZATION'S NAME		, full name; do not omit, modify, or abbreviate any vide the Individual Debtor information in item 10 o	y part of the Debto of the Financing Si	I r's name); if any part of the In atement Addendum (Form U	dividual Deb
Treedom National Bank 3b. INDIVIDUAL'S SURNAME MAILING ADDRESS SEA Putnam Pike COLLATERAL: This financing statement covers the following collateral: All assets of Debtor now existing or hereafter acquired and all proceeds thereof, including without limitation, the collater	DEBTOR'S NAME: Provide only gname with not fit in line 2b, leave all of 2a ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME		, full name; do not omit, modify, or abbreviate any vide the Individual Debtor information in item 10 of FIRST PERSONAL NAME	y part of the Debto of the Financing St	"s name); if any part of the In atement Addendum (Form Uni atement Addendum (Form Uni NAL NAME(S)/fNIT/AL(S)	dividual Deb CC1Ad)
Freedom National Bank 3b. INDIVIDUAL'S SURNAME MAILING ADDRESS 684 Putnam Pike COLLATERAL: This financing statement covers the following collateral: All assets of Debtor now existing or hereafter acquired and all proceeds thereof, including without limitation, the collater	DEBTOR'S NAME: Provide only gname will not fit in line 2b, leave all of 2a ORGANIZATION'S NAME 2b INDIVIDUAL'S SURNAME		, full name; do not omit, modify, or abbreviate any vide the Individual Debtor information in item 10 of FIRST PERSONAL NAME	y part of the Debto of the Financing St	"s name); if any part of the In atement Addendum (Form Uni atement Addendum (Form Uni NAL NAME(S)/fNIT/AL(S)	dividual Debi
35. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX ADDITIONAL NAME(S)/INITIAL(S) SUFFIX COUNTY Greenville COUNTY Greenville COLLATERAL: This financing statement covers the following collateral: All assets of Debtor now existing or hereafter acquired and all proceeds thereof, including without limitation, the collater	DEBTOR'S NAME: Provide only on name with not fit in line 2b, leave all of 2a ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME : MAILING ADDRESS SECURED PARTY'S NAME (or	ilem 2 błank, check here and pro	, full name; do not omit, modify, or abbreviate any vide the Individual Debtor information in item 10 of FIRST PERSONAL NAME	y part of the Debto of the Financing St ADDITIO	"s neme); if any part of the In atement Addendum (Form Ut NAL NAME(S)/(NITIAL(S)	dividual Deb CC1Ad)
84 Putnam Pike Greenville RI 02828 USA COLLATERAL: This financing statement covers the following collateral: All assets of Debtor now existing or hereafter acquired and all proceeds thereof, including without limitation, the collater	DEBTOR'S NAME: Provide only gname with not fit in line 2b, leave all of 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS SECURED PARTY'S NAME (or 3a. ORGANIZATION'S NAME	item 2 blank, check here and pro	, full name; do not omit, modify, or abbreviate any vide the Individual Debtor information in item 10 of FIRST PERSONAL NAME	y part of the Debto of the Financing St ADDITIO	"s neme); if any part of the In atement Addendum (Form Ut NAL NAME(S)/(NITIAL(S)	dividual Deb CC1Ad)
84 Putnam Pike Greenville RI 02828 USA COLLATERAL: This financing statement covers the following collateral: All assets of Debtor now existing or hereafter acquired and all proceeds thereof, including without limitation, the collater	DEBTOR'S NAME: Provide only on name will not fit in line 2b, leave all of 2a ORGANIZATION'S NAME 2b INDIVIDUAL'S SURNAME C MAILING ADDRESS SECURED PARTY'S NAME (or 3a ORGANIZATION'S NAME Freedom National B	item 2 blank, check here and pro	, full name; do not omit, modify, or abbreviate any wide the Individual Debtor information in item 10 of FIRST PERSONAL NAME CITY ECURED PARTY): Provide only one Secured Particular in the particular individual control only one Secured Particular in the particular individual control only one Secured Particular individual control on individual control	y part of the Debto of the Financing St ADDITIO STATE arty name (3a or 3t)	r's neme); if any part of the In atement Addendum (Form United States of the Indianal Control of the Indiana Control	dividual Debi CC1Ad) SUFFIX COUNTRY
COLLATERAL: This financing statement covers the following collateral: All assets of Debtor now existing or hereafter acquired and all proceeds thereof, including without limitation, the collater	DEBTOR'S NAME: Provide only on name will not fit in line 2b, leave all of 2a ORGANIZATION'S NAME 2b INDIVIDUAL'S SURNAME C MAILING ADDRESS SECURED PARTY'S NAME (or 3a ORGANIZATION'S NAME Freedom National B	item 2 blank, check here and pro	till name; do not omit, modify, or abbreviate any vide the Individual Debtor information in item 10 of FIRST PERSONAL NAME CITY FIRST PERSONAL NAME FIRST PERSONAL NAME	y part of the Debto of the Financing St ADDITIO STATE arty name (3a or 3t)	r's neme); if any part of the In atement Addendum (Form Ut NAL NAME(S)(INITIAL(S) POSTAL CODE	dividual Debi CC1Ad) SUFFIX COUNTRY
All assets of Debtor now existing or hereafter acquired and all proceeds thereof, including without limitation, the collater	DEBTOR'S NAME: Provide only on name with not fit in line 2b, leave all of 2a ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS SECURED PARTY'S NAME (or 3a ORGANIZATION'S NAME Freedom National B 3b. INDIVIDUAL'S SURNAME	item 2 blank, check here and pro	tull name; do not omit, modify, or abbreviate any vide the Individual Debtor information in item 10 of FIRST PERSONAL NAME CITY FIRST PERSONAL NAME FIRST PERSONAL NAME CITY CITY CITY	y part of the Debto of the Financing Si ADDITIO STATE ADDITIO ADDITIO STATE	r's neme); if any part of the In atement Addendum (Form Ut NAL NAME(S)/INITIAL(S) POSTAL CODE POSTAL CODE	dividual Debi CC1Ad) SUFFIX COUNTRY SUFFIX COUNTRY
	2. DEBTOR'S NAME: Provide only of name will not fit in line 2b, leave all of in 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME 2c. MAILING ADDRESS 3c. SECURED PARTY'S NAME (or 3a. ORGANIZATION'S NAME Freedom National B 3b. INDIVIDUAL'S SURNAME	item 2 blank, check here and pro	till name; do not omit, modify, or abbreviate any vide the Individual Debtor information in item 10 of FIRST PERSONAL NAME CITY FIRST PERSONAL NAME FIRST PERSONAL NAME	y part of the Debto of the Financing Si ADDITIO STATE ADDITIO	r's neme); if any part of the In atement Addendum (Form Ut NAL NAME(S)(INITIAL(S) POSTAL CODE	SUF
	DEBTOR'S NAME: Provide only on name will not fit in line 2b, leave all of 2a ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS SECURED PARTY'S NAME (or 3a ORGANIZATION'S NAME Freedom National B 3b. INDIVIDUAL'S SURNAME MAILING ADDRESS 684 Putnam Pike COLLATERAL: This financing statem MI assets of Debtor now ex	NAME of ASSIGNEE of ASSIGNOR S Bank Thent covers the following collateral: isting or hereafter acqui	full name; do not omit, modify, or abbreviate any wide the Individual Deblor information in item 10 of FIRST PERSONAL NAME CITY FIRST PERSONAL NAME CITY Greenville red and all proceeds thereof, inc	ADDITIO	r's neme); if any part of the Inatement Addendum (Form University of	SUFFIX COUNTR COUNTR COUNTR COUNTR
	DEBTOR'S NAME: Provide only on name with not fit in line 2b, leave all of 2a ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS SECURED PARTY'S NAME (or 3a ORGANIZATION'S NAME Freedom National Biodicinal Surname MAILING ADDRESS 84 Putnam Pike COLLATERAL: This financing statem MI assets of Debtor now ex	NAME of ASSIGNEE of ASSIGNOR S Bank Thent covers the following collateral: isting or hereafter acqui	full name; do not omit, modify, or abbreviate any wide the Individual Deblor information in item 10 of FIRST PERSONAL NAME CITY FIRST PERSONAL NAME CITY Greenville red and all proceeds thereof, inc	ADDITIO	r's neme); if any part of the Inatement Addendum (Form University of	SUFFIX COUNTR COUNTR COUNTR COUNTR
	DEBTOR'S NAME: Provide only on name will not fit in line 2b, leave all of 2a ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS SECURED PARTY'S NAME (or 3a ORGANIZATION'S NAME Freedom National B 3b. INDIVIDUAL'S SURNAME MAILING ADDRESS 684 Putnam Pike COLLATERAL: This financing statem MI assets of Debtor now ex	NAME of ASSIGNEE of ASSIGNOR S Bank Thent covers the following collateral: isting or hereafter acqui	full name; do not omit, modify, or abbreviate any wide the Individual Deblor information in item 10 of FIRST PERSONAL NAME CITY FIRST PERSONAL NAME CITY Greenville red and all proceeds thereof, inc	ADDITIO	r's neme); if any part of the Inatement Addendum (Form University of	SUFFIX COUNTR COUNTR COUNTR COUNTR
	DEBTOR'S NAME: Provide only on name will not fit in line 2b, leave all of 2a ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS SECURED PARTY'S NAME (or 3a ORGANIZATION'S NAME Freedom National B 3b. INDIVIDUAL'S SURNAME MAILING ADDRESS 684 Putnam Pike COLLATERAL: This financing statem MI assets of Debtor now ex	NAME of ASSIGNEE of ASSIGNOR S Bank Thent covers the following collateral: isting or hereafter acqui	full name; do not omit, modify, or abbreviate any wide the Individual Deblor information in item 10 of FIRST PERSONAL NAME CITY FIRST PERSONAL NAME CITY Greenville red and all proceeds thereof, inc	ADDITIO	r's neme); if any part of the Inatement Addendum (Form University of	SUFFIX COUNTR COUNTR COUNTR COUNTR COUNTR
	DEBTOR'S NAME: Provide only grame will not fit in line 2b, leave all of 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS SECURED PARTY'S NAME (or 3a. ORGANIZATION'S NAME Freedom National B 3b. INDIVIDUAL'S SURNAME MAILING ADDRESS 584 Putnam Pike COLLATERAL: This financing statem all assets of Debtor now expectable on Exhibit A attained.	NAME of ASSIGNEE of ASSIGNOR S Sank Hent covers the following collateral: isting or hereafter acquireched hereto and made a	tull name; do not omit, modify, or abbreviate any wide the Individual Deblor information in item 10 of FIRST PERSONAL NAME CITY FIRST PERSONAL NAME CITY Greenville red and all proceeds thereof, inc part hereof.	ADDITIO ADDITIO ADDITIO ADDITIO ADDITIO ADDITIO ADDITIO STATE RI Cluding with	r's neme); if any part of the in atement Addendum (Form University of the International Code of the Internation of the Internat	SUFFIX COUNTR SUFFIX COUNTR USA
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 Decedant's Personal Represent	DEBTOR'S NAME: Provide only gname will not fit in line 2b, leave all of 2a ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS SECURED PARTY'S NAME (or 3a ORGANIZATION'S NAME Freedom National B 3b. INDIVIDUAL'S SURNAME MAILING ADDRESS 584 Putnam Pike COLLATERAL: This financing statemall assets of Debtor now expected on Exhibit A attained to the control of the co	NAME of ASSIGNEE of ASSIGNOR S Sank Hent covers the following collateral: isting or hereafter acquinched hereto and made a	tull name; do not omit, modify, or abbreviate any wide the Individual Deblor information in item 10 of FIRST PERSONAL NAME CITY FIRST PERSONAL NAME CITY Greenville red and all proceeds thereof, inc part hereof.	ADDITIO ADDITIO STATE ADDIT	r's name); if any part of the In atement Addendum (Form University of the In Addendum (Form University of the In Addendum (Form University of the In Addendum (Form University of the Investment	SUFFIX COUNTR COUNTR USA collatera
Check only if applicable and check only one box: Collateral isheld in a Trust (see UCC1Ad, item 17 and Instructions)being administered by a Decement's Personal Represent Check only if applicable and check only one box: Check only if applicable and check only one box: 6b Check only if applicable and check only one box: A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filling	DEBTOR'S NAME: Provide only gname will not fit in line 2b, leave all of 2a ORGANIZATION'S NAME 2b INDIVIDUAL'S SURNAME C MAILING ADDRESS SECURED PARTY'S NAME (or 3a ORGANIZATION'S NAME Freedom National B 3b INDIVIDUAL'S SURNAME COLLATERAL: This financing statem All assets of Debtor now explescribed on Exhibit A attained and check only if applicable and check only if applicable and check only if Check only if applicable and check only in Check only i	name of ASSIGNEE of ASSIGNOR Seank Seank The transfer of the following collateral: In the covers the cover	tuil name; do not omit, modify, or abbreviate any wide the Individual Deblor information in item 10 of FIRST PERSONAL NAME CITY FIRST PERSONAL NAME CITY Greenville red and all proceeds thereof, incepart hereof.	ADDITION STATE ADDITION STATE RI ADITION STATE RI ADITION STATE RI ADITION STATE RI	r's name); if any part of the In atement Addendum (Form University of the Invalidation (Form University of the Invalidatio	SUFFIX COUNTRY SUFFIX COUNTRY USA COUNTRY COUNTRY COUNTRY USA

EXHIBIT A

UCC FINANCING STATEMENT

Collateral shall mean: (i) all "Accounts" (as hereinafter defined); (ii) all "Equipment" (as hereinafter defined); (iii) all "General Intangibles" (as hereinafter defined); (iv) all "Inventory" (as hereinafter defined); (v) all contract rights, including without limitation, all right, title and interest of the Debtor in and to any lease of real or personal property, whether as lessor or lessee (including any option to purchase thereunder) and under any one or more agreements pursuant to which the Debtor agrees to purchase any assets or capital stock of, or equity interest in, any person or entity, and under any other agreement in connection therewith (including without limitation, any rights of indemnification, contribution and/or subrogation thereunder); (vi) all chattel paper; (vii) all deposit accounts (whether general or special) with and credits or other claims against the Secured Party, or any other financial institution with which the Debtor maintains deposits; (viii) all Commercial Tort Claims as defined in Uniform Commercial Code in effect in Rhode Island; (ix) all monies, and any and all other property now or hereafter coming into the actual possession, custody or control of the Secured Party, in any way or for any purpose (whether for safekeeping, deposit, custody, pledge, transmission, collection or otherwise); (x) all other rights of the Debtor to the payment of money, whether evidenced by instruments, letters of credit, chattel paper or otherwise, insurance proceeds, and all rights to deposits or advance payments; (xi) all files, customer lists, subscription lists, records (including without limitation, computer programs, disks, tapes, object codes, source codes and related electronic data processing media) and writings of the Debtor or in which the Debtor has an interest in any way relating to the property and assets described herein, and all rights of the Debtor to retrieval from third parties of electronically processed and recorded information pertaining to any of such property or assets; (xii) all documents, documents of title, instruments and promissory note (in any case, whether negotiable or nonnegotiable); (xiii) all licenses and permits (whether issued by private parties or public authorities), and all agreements in respect thereof; and (xiv) all other tangible and intangible personal property and assets of the Debtor, and all guaranties and securities therefor.

The term "Accounts" shall mean and include all accounts, accounts receivable, and all rights to payment for goods sold or leased or for services rendered, all sums of money or other proceeds due or becoming due thereon, all instruments pertaining thereto, all guaranties and security therefor, and all goods giving rise thereto and the rights pertaining thereto, including the right of stoppage in transit, all related insurance and all related contracts, contract rights, documents, notes, bills, drafts, acceptances, general intangibles, choses in action and all other forms of obligations.

The term "Equipment" shall mean and include all equipment, machinery, tools, appliances, furniture, fixtures and office supplies (including, without limitation, telephones, facsimile transmission equipment, all audio and/or visual equipment of every name, nature and description, and all computer hardware and software), and other tangible personal property (other than Inventory), together with all accessions, parts and appurtenances thereto.

The term "General Intangibles" shall mean and include all general intangibles, choses in action, causes of action and all other intangible personal property of every kind and nature (other than Accounts), including without limitation, corporate or other business records, inventions, designs, patents, patent applications, service marks, service mark applications, trademarks, trademarks applications, tradenames, brands, tradestyles, trade secrets, goodwill, registrations, computer software, operational manuals, product formulae, blueprints, drawings, copyrights, copyright applications, licenses, license agreements, permits, franchises, customer lists, mailing lists, tax loss carryovers, tax refund claims and the like.

The term "Inventory" shall mean and include all inventory, goods, merchandise, raw materials, supplies, work in process, finished goods, goods in transit, and other tangible personal property now or hereafter held by or on behalf of the Debtor for processing, sale or lease or furnished or to be furnished by the Debtor under contracts of service or to be used or consumed in the Debtor's business, including but not limited to, Inventory owned by the Debtor in the possession or under the control of third parties, and such property, the sale or other disposition of which has given rise to Accounts and which has been returned to, or repossessed or stopped in transit by or on behalf of the Debtor.

With respect to the grant of a security interest in the Debtor's "contract rights" pursuant to Section I(v) hereof, such grant shall not include any contract rights, which by the express terms of the contracts giving rise thereto, the grant of such a security interest is prohibited. Upon request of the Secured Party, the Debtor will use its best efforts to obtain such consents and waivers as may be reasonably requested by the Secured Party to permit the Secured Party to obtain a security interest in such contracts.