

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT FILER (optional) Michelle MacKnight - 521-7000
B E-MAIL CONTACT AT FILER (optional) mmacknight@rcfp.com
C SEND ACKNOWLEDGMENT TO (Name and Address) Edward G. Avila, Esquire Roberts, Carroll, Feldstein & Peirce 10 Weybosset Street Providence, RI 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 Twin Oaks Condominium Association, Inc.				
OR	1b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
161 West Shore Road	Warwick	RI	02889	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				
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 Webster Bank, National Association				
OR	3b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
50 Kennedy Plaza, Suite 1100	Providence	RI	02903	USA

4. COLLATERAL. This financing statement covers the following collateral

See Exhibit A attached hereto and incorporated herein by reference.

Filed with RI Secretary of State's Office

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/Licensor	
8 OPTIONAL FILER REFERENCE DATA: Our File No. 2629-182	

EXHIBIT A

All common charges and assessments now or hereafter levied and assessed against or collected from the owners of the units of Twin Oaks Condominium Association, Inc., located at 161 West Shore Road, Warwick, Rhode Island and the debtors right and authority to adopt and implement budgets, to levy common charges, fees, assessments and to enforce payment and to collect the same; all liens, guarantees, securities, rights, remedies and privileges statutory, by covenant or otherwise, and more particularly those which permit debtor to effect the collection of unpaid common charges, fees, and assessments pursuant to the provisions of the Condominium Declaration and the Rhode Island General Laws Chapter 34-36 et. seq. and Chapter 34-36.1 et. seq. as applicable; all other income, rents and profits and interest thereon received by or on behalf of Debtor from all sources whatsoever, subject, however, to the rights of mortgages of units all pursuant to that certain Collateral Assignment of Condominium Fees and Assessments dated even date herewith.

2629-182/3221174