

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 35935 - BROOKLINE	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	61104212 RIRI

File with: Secretary of State, RI

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 Opportunities Unlimited for People With Differing Abilities, Inc.				
OR	1b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1 Worthington Road	Cranston	RI	02920	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 Bank Rhode Island				
OR	3b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
One Turks Head Place	Providence	RI	02903	USA

4. COLLATERAL: This financing statement covers the following collateral:
All assets of the Debtor of every kind and nature including without limitation all of the present and future right, title and interest of the Debtor in and to the following assets, as may be defined in the Uniform Commercial Code as now or hereafter adopted in the State of Rhode Island (the "UCC"), wherever located and whether now owned or hereafter acquired or arising and all products and proceeds thereof: all goods (including without limitation inventory, machinery, equipment and fixtures and any accessions and additions thereto and any substitutions or replacements therefor), instruments (including without limitation promissory notes), documents, healthcare and insurance receivables, accounts and accounts receivable, consignments, chattel paper (whether tangible or electronic), deposit accounts, letter-of-credit rights (whether or not evidenced by a writing), commercial tort claims, copyrights and copyright licenses, patents and patent licenses, trademarks and trademark licenses, securities and investment property, general intangibles (including without limitation payment intangibles and software), supporting obligations, contract rights, rights to the payment of money, and insurance claims and proceeds. This financing statement covers and is intended to cover all assets of the Debtor, now existing or hereafter acquired and wherever located. It is the intention of the Debtor and Secured Party that the description of the Collateral set forth herein be construed to include the broadest possible range of property and assets and all tangible and intangible personal property and fixtures of the Debtor of every kind and description pursuant to the UCC or applicable law, as may be amended from time to time.

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC Ad, item 17 and Instructions) | being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box: Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:
61104212 BANK RHODE ISLAND Scott Lajoie