RI SOS	Filing Number: 201718766170	Date: 11/6/2017 2:03:00 PM
•		

A. NAME & PHONE OF CONTACT AT FILER (polsonal) Phone: (800) 331-3282 Fax. (818) 682-4141 B. E-MAIL CONTACT AT FILER (polsonal) CLS-CTLS, Glendale, Customer, Service@wolterskiuwer.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 32814 - THE Lien Solutions P. O. Box 29071 Glendale, CA 91209-9071 In INITIAL FINANCING STATEMENT FILE NUMBER 201211963300 12/14/2012 SS RI 1b. ☐ This PHANCING STATEMENT THE ENDERNE (or record) Grove records on 12/14/2012 SS RI 2. ☐ TERMINATION: Effectiveness of the Financing Statement is identified above is terminated with respect to the security interest(c) of Secured Party authorizing this Termination Statement Statement 3. ☐ ASSIGNMENT (full or partial): Provide name of Assignmen in farm 7a or 7b, and address of Assignme in farm 7c agg name of Assignment, complete items? and 9 gigt also indicate effected collaberal in farm 6 grove partial assignment, complete items? and 9 gigt also indicate effected collaberal in farm 6 grove partial assignment, complete items? and 9 gigt also indicate effected collaberal in farm 7 gigt partial designment, complete items? and 9 gigt also indicate effected collaberal in farm 7 gigt partial designment, complete items? and 9 gigt also indicate effected collaberal in farm 7 gigt partial designment, complete items? and 9 gigt also indicate effected collaberal in farm 7 gigt partial designment, complete items? and 9 gigt also indicate effected collaberal in farm 7 gigt partial designment, complete items? and 9 gigt also indicate effected collaberal in farm 6 gigt partial designment, complete items? and 9 gigt also indicate effected collaberal in farm 7 gigt partial designment, complete items? and 9 gigt also indicate effected collaberal in farm 7 gigt partial	UCC FINANCING STATEMENT A FOLLOW INSTRUCTIONS	WENDINENT							
CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 32814 - THE Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 RIRI 1a. NITIAL FINANCING STATEMENT FILE NUMBER PILE with: Secretary of State, RI 1b. The FINANCING STATEMENT AMENDMENT is to be filed (for record) for recorded) in the REAL ESTATE RECORDS 201211963300 12/14/2012 SS RI 1b. The FINANCING STATEMENT AMENDMENT is to be filed (for record) for recorded) in the REAL ESTATE RECORDS Statement (removed from the security interest(s) of Secured Party authorizing this Termination 1. ASSIGNMENT (full or partial): Provide name of Assignee in item 7 or 7b, grig address of Assignee in item 7 c and name of Assignee in item 8 1. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is confined for the additional period provided by applicable law 1. PARTY INFORMATION CHANGE: Criect age of those two boxes: AMD Check age of these three boxes to Cried and the Crie				7					
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 RIRI THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. NITNAL FINANCING STATEMENT FILE NUMBER 201211963300 12/14/2012 SS RI 1b. This FINANCING STATEMENT ANENOMENT is to be fitted flor record] for recorded in the fire MICHAN gag provide Debtor's name in item? Corrected in the fire MICHAN gag provide Debtor's name in item? Statement 3. ASSIGNMENT (full or partial): Provide name of Assignment Identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement 3. ASSIGNMENT (full or partial): Provide name of Assignmen in item? a or 7b, and address of Assignmen in item? For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 ASSIGNMENT (full or partial): Provide name of Assignmen in item? a or 7b, and address of Assignmen in item? ASSIGNMENT (full or partial): Provide name of Assignmen in item 7c are 7b and name of Assignmen in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 ADD Check gag of these three boxes: Check gag of these three boxes: CHANGE name and/or address: Complete Check gag of these three boxes: CHANGE name and/or address: Complete Statement is on 7b and item 7c ADD name: Complete item 9 DELETE name: Give record name of 8b CHANGE or ADDED INFORMATION. Complete for Party information Change - provide only gag name (7a or 7b) (ase exact, full name, do not ont, modify, or abbreviate any part of the Debtor's name) To, ORGANIZATION'S NAME NORTH GLEN, LLC OR Be. INDIVIDUAL'S SURNAME NORTH GLEN, LLC OR Be. RODONIZED INFORMATION: Complete for Party information Change - provide only gag name (7a or 7b) (ase exact, full name, do not ont, modify, or abbreviate any part of the Debtor's name) To, ORGANIZATION'S NAME NORTH GLEN, LLC OR To, ORGANIZATION'S NAME NORTH GLEN, LLC OR To, ORGANIZATION'S NAME NORTH GLEN, LLC OR To, ORGANIZATION'S NAME NORTH GLEN ABDED INFORMATION: Complet	• • • • • • • • • • • • • • • • • • • •	@wolterskluwer.com		1					
P.O. Box 29071 Glendale, CA 91209-9071 RIRI File with: Secretary of State, RI	C. SEND ACKNOWLEDGMENT TO: (Name and Add	iress) 32814 - THE							
File with: Secretary of State, RI THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INITIAL FINANCING STATEMENT FILE NUMBER 201211963300 12/14/2012 SS RI In This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS) (or recorded) in the REAL ESTATE RECORDS and provide below a name in lem. 1b.	P.O. Box 29071		792						
1a. INTIAL FINANCING STATEMENT FILE NUMBER 201211963300 12/14/2012 SS RI 1b. ☐ The INANCING STATEMENT AMENDMENT is to be filed [for record] 201211963300 12/14/2012 SS RI 2c. ☐ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement 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: AND Check one of these two boxes: AND Check one of these two boxes: CHANGE name and/or address: Complete This Change affects ☐ Debtor of ☐ Secured Party of record ☐ Item 8a or 6b; and item 7a or 7b and item 7c ☐ 7a or 7b, and item 7c ☐ 1b be deleted in item 8a or 6b; 6c. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6c. ORGANIZATION'S NAME NORTH GLEN, LLC 6b. INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(SYNITIAL(S) SUFFIX 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY	1	IXIIXI							
1a. INTIAL FINANCING STATEMENT FILE NUMBER 201211963300 12/14/2012 SS RI □ □ □ □ □ □ □ □ □ □ □ □ □	File with: Secretary of	State. RI		THE AB	OVE SPA	CE IS F	OR FILING OFFI	CE USI	E ONLY
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement 3. A SSIGNIMENT (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 and of these two boxes: AND Check and of these two boxes: AND Check and of these three boxes to: CHANGE name and/or address: Complete This Change affects Debtor of Secured Party of record Internet Security authorizing this Continuation Statement is continued for the additional period provided by applicable law 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 8. ORGANIZATIONS NAME NORTH GLEN, LLC OR 8. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(Synntrial(S) SUFFIX 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY	1a. INITIAL FINANCING STATEMENT FILE NUMBER			1b. This FINANCI	NG STATE	MENT AN	MENDMENT is to be	filed [for	record]
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 and of these two boxes: Check and of these two boxes: Change affects Debtor or Secured Party of record Item 6a or 6b; and item 7c To and		tement identified above is	s terminated wit						
continued for the additional period provided by applicable law 5. PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects Debtor of Secured Party of record Tem 6a or 6b; and item 7a or 7b and item 7c 7a or 7b, and item 7c 1b be deleted in item 6a or 6b 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME NORTH GLEN, LLC 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact. full name; do not cmit, modify, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) SUFFIX SUFFIX SUFFIX CHANGED OR ADDRESS GITY STATE POSTAL CODE COUNTRY	ASSIGNMENT (full or partial): Provide name of Ass				name of A	ssignor in	item 9		
Check one of these two boxes: This Change affects Debtor or Secured Party of record cities do or 6b; and far or 7b and item 7c or 7b, and item 7c to be deleted in item 6a or 6b or 6b; and far or 7b and item 7c or 7b, and item 7c to be deleted in item 6a or 6b or 6b; and far or 7b and item 7c to be deleted in item 6a or 6b or 6b; and far or 7b and item 7c to be deleted in item 6a or 6b or 6b; and far or 7b and item 7c to be deleted in item 6a or 6b or 6b; and far or 7b and item 7c to be deleted in item 6a or 6b or 6b. 6c. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME NORTH GLEN, LLC 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFFIX 7c. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviete any part of the Debtor's name) 7a. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME To. INDIVIDUAL'S ADDITIONAL NAME(SYINITIALIS) SUFFIX 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY	CONTINUATION: Effectiveness of the Financing St continued for the additional period provided by apple	tatement identified above icable law	with respect to	the security interest(s)	of Secured	Party au	thorizing this Continu	lation St	atement is
CHANGE name and/or address: Complete This Change affects Debtor or Secured Party of record Item 8a or 6b; and item 7a or 7b and item 7c 7a or 7b, and item 7c 1b be deleted in item 8a or 6b and item 7c 1c	5. PARTY INFORMATION CHANGE:								
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME NORTH GLEN, LLC 6b. INDIVIDUAL'S SURNAME 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) SUFFIX 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY		CHANC	GE name and/or	address: Complete	, ADD nam	e: Compl	ete item DELETE	name:	Give record name
Se. ORGANIZATION'S NAME NORTH GLEN, LLC 5b. INDIVIDUAL'S SURNAME 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviete any part of the Debtor's name) 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) SUFFIX 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY		record item 6a	or 6b; <u>and</u> item	7a or 7b <u>and</u> item 7c	7a or 7b,	and item	7c to be de		
6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFFIX TO CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviete any part of the Debtor's name) To INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) SUFFIX To MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY		ny information Change - [provide only on	e name (6a or 6b)					
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviete any part of the Debtor's name) 7a. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) SUFFIX 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY	NORTH GLEN, LLC								
7a, ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY	OR 6b. INDIVIDUAL'S SURNAME		FIRST PERSON	AL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY		gnment or Party Information Cha	enge - provide only	one name (7a or 7b) (use ex	sect, full name;	do not omit,	modify, or abbreviate any	part of the	Debtor's name)
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY	OR The INDRAGATION OF THE INDRAG								
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY	70. INDIVIDUAL S SURRAME								
7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY	INDIVIDUAL'S FIRST PERSONAL NAME							•	
7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY	INDIVIDUAL'S ADDITIONAL NAME(SVINITIAL(S)		•••						SHEERY
									JULIA
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral	7c. MAILING ADDRESS	,	CITY			STATE	POSTAL CODE		COUNTRY
	8. COLLATERAL CHANGE: Also check one of the	ese four boxes: ADD	collateral	DELETE collateral	□R	ESTATE	covered collateral	☐ A	SSIGN collatera
Indicate collateral:	Indicate collateral:								
	9, NAME OF SECURED PARTY OF RECORD AUT	THORIZING THIS AME	NDMENT: Pr	ovide only one name (9	a or 9b) (na	me of Ass	signor, if this is an As	signmen	t)
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				-/ \/-			gvii	7
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor		NY							
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 9a. ORGANIZATION'S NAME THE WASHINGTON TRUST COMPANY	OR SE INDIVIDUAL S SUDNAME	141	CIDET DEDECAL						

95132830

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: NORTH GLEN, LLC

61293792

ITIAL FINANCING STATEMENT FILE NUMBER: Samo 211963300 12/14/2012 SS RI	e as item 1a on Amendment form		
AME OF PARTY AUTHORIZING THIS AMENDMENT:	Same as item 9 on Amendment form		
12a. ORGANIZATION'S NAME			
THE WASHINGTON TRUST COMPAN	iY		
12b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME			
ADDITIONAL NAME(SYINITIAL(S)	SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE US	SE ONLY
lame of DEBTOR on related financing statement (Name ne Debtor name (13a or 13b) (use exact, full name; do		purposes only in some filing offices - see Instruction iter or's name); see Instructions if name does not fit	n 13); Provid
13a, ORGANIZATION'S NAME NORTH GLEN, LLC			
13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
or Name and Address: TH GLEN, LLC - 400 TOWER HILL ROAD, red Party Name and Address:			
DDITIONAL SPACE FOR ITEM 8 (Collateral): or Name and Address: ITH GLEN, LLC - 400 TOWER HILL ROAD , ired Party Name and Address: WASHINGTON TRUST COMPANY - 23 BR			
or Name and Address: ITH GLEN, LLC - 400 TOWER HILL ROAD, Ired Party Name and Address: WASHINGTON TRUST COMPANY - 23 BROAD AND ADDRESS AND	OAD STREET , WESTERLY, RI 02891	on of real estate:	
or Name and Address: ITH GLEN, LLC - 400 TOWER HILL ROAD , ired Party Name and Address: WASHINGTON TRUST COMPANY - 23 BR	OAD STREET , WESTERLY, RI 02891 17. Descript	on of real estate:	•
or Name and Address: ITH GLEN, LLC - 400 TOWER HILL ROAD, ITH GLEN, LLC - 400 TOWER H	OAD STREET , WESTERLY, RI 02891 17. Descript	on of real estate:	
or Name and Address: ITH GLEN, LLC - 400 TOWER HILL ROAD, ITH GLEN, LLC - 400 TOWER H	OAD STREET , WESTERLY, RI 02891 17. Descript	on of real estate:	
or Name and Address: ITH GLEN, LLC - 400 TOWER HILL ROAD, ITH GLEN, LLC - 400 TOWER H	OAD STREET , WESTERLY, RI 02891 17. Descript	on of real estate:	