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RI SOS Filing Number: 201718772	2540 Da	ate: 11/7/2017	2:58:00	PM	
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) 35731 - BRO	OKLINE				
Lien Solutions 61304	1038				
P.O. Box 29071	1300				
Glendale, CA 91209-9071 RIRI					
1	1				
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 r	name; do not omit,	modify, or abbreviate any pa	art of the Debto	's name); if any part of the	ndividual Debtor's
	ne Individual Debto	r information in item 10 of th	e Financing Sta	itement Addendum (Form	UCC1Ad)
1s. ORGANIZATION'S NAME Cammans Real Estate Company LLC					
OR 15. INDIVIDUAL'S SURNAME	TFIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. INCHADOAL S SOMMANIE	FIRGITEROOME	IVANIE	7.55	are to une (o) unit is re-(o)	0511111
to: MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
52 Thornton Way	North Kingst	own	RI	02852	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full r	name; do not omit,	modify, or abbreviate any pa	irt of the Debto	'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	ne Individual Debto	r information in item 10 of th	e Financing Sta	tement Addendum (Form	UCC1Ad)
2a. ORGANIZATION'S NAME					
OR THE INCOMPOSITE OF THE INCOMP	FIRST PERSONAL	NAME	LADOITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITION	MAL IVAME(S/INTERAL(S)	SOFFIA
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECUR	RED PARTY): Prov	ride only <u>one</u> Secured Party	name (3a or 3	p)	
3a. ORGANIZATION'S NAME					
Bank Rhode Island	L EIDEZ DEBRONAL	NASAF	LADDITIO	NIAL BLAKE (CV/BRITISE (C)	SUFFIX
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	ONAL NAME		ADDITIONAL NAME(SYINITIAL(S)	
3c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
One Turks Head Place	Providence		RI	02903	USA
COLLATERAL: This financing statement covers the following collateral:	riovidence		1111	1 02303	TOOK
EQUIPMENT: All of Debtor's presently owned and hereafter acquir	red machinery	and equipment (exc	luding autor	notive equipment),	fumiture,
fixtures, and all other tangible personal property of whatever kind additions and accessions therefor or thereto, and all cash or		gether with all produc seds of all the foregoin			
sometimes hereinafter referred to as "Equipment") located at 75 Al	lagash Trail, N	arragansett, Rl. The	record own	er of the real estate	on which the
Equipment is located is Cammans Real Estate Company LLC.					
5. Check only if applicable and check only one box: Collateral is held in a Trust	(see UCC1Ad, iter			ed by a Decedent's Pers	<u></u>
6a. Check only if applicable and check only one box:		1		if applicable and check <u>o</u>	
Public-Finance Transaction Manufactured-Home Transaction	The state of the s	Transmitting Utility			C Filing
	onsignee/Consign	or Seller/Buyer	∐ва⊪	ee/Bailor Lice	ensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: 61304938 35731			Da	vid Cunningham	