PLSOS Filing Number: 2017189431	120 Date	: 12/18/2017 1 <sup>-</sup>	1:53:00	) AM		
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) 7995 - WEBS	TER BANK					
Lien Solutions 61957	409					
P.O. Box 29071 Glendale, CA 91209-9071						
		THE ABOVE 00		00 FH ING OFFICE	HOE ONLY	
File with: Secretary of State, RI				OR FILING OFFICE		
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of item 1 blank, check here and provide the						
13. ORGANIZATKINS NAME THE PETTERUTI CENTER INC.						
OR 16 INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
1c MAILING ADDRESS	ату		STATE	POSTAL CODE	COUNTRY	
205 E CENTERVILLE ROAD	WARWICK		RI	02886	USA	
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full n	name, do not omit, mo	odify, or abbreviate any part	of the Debto	r's name), if any part of t	he Individual Debtor's	
	ne Individual Debtor ii	nformation in item 10 of the I	Inancing St	atement Addendum (For	rn UCC1Ad)	
27 ORGANIZATION'S NAME						
OR CO. IN COLUMN S. SHIPMAN	_			· <del></del>	V =	
25 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME (SYNITIAL (S)		SUFFIX	
2c MAILING ADDRESS	CITY		STATE POSTAL CODE		COLATRY	
40 MACING MUDICESS			3,2,1	TOSTAL GODE	Colment	
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECUR	BED SASTVI Second	n anh ann Carrend Darb a	2000 (33.04.3	h)		
3. SECURED PARTY 5 NAME (or NAME OF ASSIGNEE OF ASSIGNOR SECURE)  3. ORGANIZATION'S NAME	REU PARTT): Provid	e only <u>one</u> Secured Party n	ame (sa or s	<u></u>		
Webster Bank, N.A.						
OR 36. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	ADDITIO	MAL NAME(SYINITIAL(S)	SUFFIX	
					ŀ	
3c. MAILING ADDRESS	CITY	<del></del>	STATE	POSTAL CODE	COUNTRY	
436 Slater Road, NB 145	New Britain		СТ	06053	USA	
4. COLLATERAL: This financing statement covers the following collateral	<u> </u>		•		<u> </u>	
This Financing Statement covers and is intended to cover all assets	s of the Debtor(s	, whether now owned	or hereaft	er acquired or arisi	ng and all	
proceeds and products thereof.  Without limiting the generality of the foregoing description, this fi	inancino stateme	nt covers all of the foll	owina ara	perties assets and	I rights of the	
Debtor(s), wherever located, whether now owned or hereafter acqu					<u> </u>	
All personal and fixture property of every kind and nature includi						
goods, accounts, contract rights, rights to the payment of money, inschattel paper, electronic chattel paper, documents, instuments, sec	surance retund c	laims and all other insi	urance cla	ims and proceeds.	tort claims,	
of credit, letter-of-credit rights, supporting obligations of every nature						
fees, patents, patent applications, trademarks and service marks, tra-	ademark applical	ions, tradenames, cor	ynghts, c	opyright application	s, rights to sue	
and recover for past infringement of patents, trademarks, service m	arks and copyrig	hts, computer program	ns.compu	ter software, engine	ering drawings,	
customer lists, goodwill, and all licenses, permits, agreement of eve operate; (b) the Debtor possesses, uses or has authority to possess						
or have authority to possess or use property (whether tangible or in						
medium of recording, including, without limitation, all software, writing				•	<del>-</del>	
NOTICE TO ALL SECURED PARTIES, LIEN CREDITORS OR OT	HER PARTIES:					
ANY SECURITY INTEREST, SALE OR TRANSFER OF COLLATE		BUT NOT LIMITED	TO ACCO	UNTS, CHATTEL F	PAPER OR	
5 Check only if applicable and check only one box. Collateral is held in a Trust	(see UCC1Ad. item	17 and Instructions) bein	ng administe	red by a Decedent's Pe	rsonal Representative	
6a. Check only if applicable and check only one box.			-	if applicable and check		
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility			Agnoultural Lien Non-UCC Filing			
	onsignee/Consignor	<del></del>			icensee/Licensor	
8 OPTIONAL FILER REFERENCE DATA	-					
61957409 7995			47	50681557		

## **UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS				7					
9 NAME OF FIRST DEBTOR. Same as line 1: because Individual Debtor name did not fit;									
9a ORGANIZATION'S NAME	GIECTICIE .			-					
THE PETTERUTI CENTER I									
				-					
OR CONTROL OF CONTROL									
MANANDS S'LAUDIVICUI de			-						
FIRST PERSONAL NAME.				1					
ADDITIONAL NAME(SYINITIAL(S)			SUFFIX	1					
				THE ABOVE	SPACE	IS FOR FILING OFF	ICE USE ONLY		
<ol> <li>DEBTOR'S NAME. Provide (10a or 10b do not omit, modify, or abbreviate any part o</li> </ol>	· · —			n line 10 or 2b of the Fi	nancing S	tatement (Form UCC1) (u	se exact, full name		
10a ORGANIZATION'S NAME	Ture Debicing harriery and	o erier are riaming acore	33 111 111 10 10 10 10 10 10 10 10 10 10 1						
OR 106 INDIVIDUAL'S SURNAME				<u></u>					
TO MOVIOUSES SOME									
EMAN JANOSRAS TERRIT STAUDIVICH									
INDIVIDUAL'S ADDITIONAL NAME(SVINI	INDIVIDUAL'S ADDITIONAL NAME (SVINITIAL (S)						SUFFIX		
	·								
10c MAILING ADDRESS		CITY			STATE	POSTAL CODE	COUNTRY		
11. ADDITIONAL SECURED PARTY	'S NAME QI	ASSIGNOR SECU	RED PARTY'S	NAME Provide only	one nam	(11a or 11b)			
11a, ORGANIZATION'S NAME	O TOTALL E	1 7001011011 0200		THE THOUSE ON	<u>o e</u> 11 <b>2</b>	(			
OR AND INDUSTRIAL SUPPLIANTS					Lange		- Course		
116 INDIVIDUAL'S SURNAME		THOTH	RSONAL NAME		ADDITIO	nal name(syinitial(s)	SUFFIX		
11c MAILING ADDRESS		ary		<del></del>	STATE	POSTAL CODE	COUNTRY		
40 ADDITIONAL ODDOG 500 PT514 (10-11-1	4 P				ļ				
12. ADDITIONAL SPACE FOR ITEM 4 (COILINSTRUMENTS)WITHOUT THE AUTHE SECURITY AGREEMENT WITH ORDINARY COURSE OF THE BUSI SECURITY AGREEMENT WITH THE	THORIZATION OF H THE DEBTOR (S INESS OF THE DE	S). ALSO ANY PAYN	MENT FROM	A DEPOSIT ACCO	UNT O	F THE DEBTOR NO	T IN THE		
13 This FINANCING STATEMENT IS IN IN	e filed (for record) for re	scorded) in the 14. This	FINANCING STA	TEMENT					
<ol> <li>This FINANCING STATEMENT is to be filed [for record] (or recorded) in tr REAL ESTATE RECORDS (if applicable)</li> </ol>			covers timber to be cut covers as-extracted collateral is filed as a fixture fiting						
<ol> <li>Name and address of a RECORD OWNER (if Debtor does not have a record interest):</li> </ol>		ed in item 16 16. Desc	ription of real est	ate					
17. MISCELLANEOUS: 61957409-RI 0 7995 -	WEBSTER BANK	Webster Bank, N.A.		File with: Secretary of S	State RI	7995 4750681557			