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	PLSOS Filing Number: 2018190	86140	Dat	e: 1/23/2018 11:20	0:00	MA	
	C FINANCING STATEMENT AMENDMENT LOW INSTRUCTIONS	NT					
A. N	NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax. (818) 662-4141]			
B. E	E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.	.com		1			
C. 8	SEND ACKNOWN FORMENT TO: (No	BROOKLINE		1			
	Lien Solutions 623	378174					
	Glendale, CA 91209-9071 RIF	રા					
lι	_	_					
1a. II	File with: Secretary of State, RI		í	THE ABOVE SPACE 1b. This FINANCING STATEM		OR FILING OFFICE US ENDMENT is to be filed [f	
201	312765010 7/19/2013 SS RI			(or recorded) in the REAL Frer <u>attach</u> Amendment Add	ESTATE	RECORDS	•
2.	TERMINATION: Effectiveness of the Financing Statement identified a Statement	bove is terminate	d with	respect to the security interest(s)	of Secure	d Party authorizing this To	ermination
3.	ASSIGNMENT (full or partial). Provide name of Assignee in item 7a or For partial assignment, complete items 7 and 9 and also indicate affe				ssignor in	rtem 9	
4. 2	CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	above with respe	ect to t	he security interest(s) of Secured	Party aut	nonzing this Continuation	Statement is
5.	PARTY INFORMATION CHANGE:	ck one of these thr	ee box	es to			
	neck one or triese two boxes —	CHANGE name ar	nd/or a	ddress CompleteADD nam	e: Comple and item 7		Give record name item 6a or 6b
_	URRENT RECORD INFORMATION Complete for Party Information Cha						
	GA. ORGANIZATION'S NAME COMMUNICATIONS UNLIMITED INC						
OR	66 INDIVIDUAL'S SURNAME	FIRST PE	RSONA	T NAME	ОПОСА	NAL NAME(S)INITIAL(S)	SUFFIX
7. C	HANGED OR ADDED INFORMATION. Complete for Assignment or Party Information.	ntor Change - provid	e only g	ne name (7a or 7b) (use exact, full name,	da not amit, i	modify, or abbreviate any part of t	ne Deblor's name)
	7a ORGANIZATION'S NAME						
OR	76 INDIVIDUAL'S SURNAME	**					
	INDIVIDUAL'S FIRST PERSONAL NAME						
	INDIVIDUAL'S ADDITIONAL NAME(SYM:TIAL(S)						SUFFIX
7c. 1	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
_							
8	COLLATERAL CHANGE: Also check one of these four boxes: Lindicate collateral:	_IADD collateral	[DELETE coffateral	ESTATE	covered collateral	ASSIGN collateral
		S AMENDMENT ovide name of aut			ame of As	signor, if this is an Assignm	ent)
	93 ORGANIZATION'S NAME BANK RHODE ISLAND						
OR	3MANRUZ S'JAUCIVIONI . de	FIRST PE	RSONA	IL NAME	ОПССА	NAL NAME(SVINITUAL(S)	SUFFIX
10 (DPTIONAL FILER REFERENCE DATA: Debtor Name: COMMUN	IICATIONS UI	NLIM	ITED INC	<u> </u>		l
623	78174 Loan Servicing 725 - 072	25				315	

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOL	LOW INSTRUCTIONS		4			
11. IN	NITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a	on Amendment form		1		
201	312765010 7/19/2013 SS RI					
12. [NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as ite					
	12a ORGANIZATION'S NAME BANK RHODE ISLAND					
	BAINK KHODE ISLAND	· · · · · · · · · · · · · · · · · · ·				
OR	12b. INDIVIDUAL'S SURNAME					
	FIRST PERSONAL NAME			!		
	ADDITIONAL NAME(SYINITIAL(S)		SUFFIX	1		
				THE ABOVE SPAC	E IS FOR FILING OFFICE US	SE ONLY
	Name of DEBTOR on related financing statement (Name of a curren					n 13). Provide only
	one Debtor name (13a or 13b) (use exact, full name, do not omit, m	odiny, or aboreviate any p	an or the Debi	(or s name); see inserccion	is it name does not fit	
	134 ORGANIZATIONS NAME COMMUNICATIONS UNLIMITED INC					
OR	135. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	TADI	OTHONAL NAME(SYINITIAL(S)	SUFFIX
					., .,	
14 /	ADDITIONAL SPACE FOR ITEM 8 (Collateral):	1		1		
Deb	tor Name and Address:					
CO	MMUNICATIONS UNLIMITED INC - 83 VERMONT AV	ENUE UNIT 8 , WAR	WICK, RI 0	2888		
	ured Party Name and Address:					
BAN	NK RHODE ISLAND - 2975 WEST SHORE ROAD , WA	RWICK, RI 02886				
			. •			
_						
15	This FINANCING STATEMENT AMENDMENT:	_	17. Descript	tion of real estate:		
16	covers timber to be cut covers as-extracted collateral	is filed as a fixture filing	킥			
	Name and address of a RECORD OWNER of real estate described if Debtor does not have a record interest):	in item 17				
			}			
			i			
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			1			
18.	MISCELLANEOUS 62378174-RI-0 34785 - BROOKLINE BANK	BANK RHODE ISLAND	1	File with, Secretary of State, I	Rt Loan Servicing 725 - 0725	315