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UCC FINANCING STATEMENT AT	MENDMENT					
FOLLOW INSTRUCTIONS	VICIONICIA					
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 Addr	34785 - BRO	OKLINE	1			
Lien Solutions P.O. Box 29071	62990	455				
Glendale, CA 91209-9071	RIRI					
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File with: Secretary of S	State, RI		THE ABOVE		OR FILING OFFICE US	
201312953110 9/4/2013 SS RI			or recorded) in the	REAL ESTATE		•
2. TERMINATION: Effectiveness of the Financing State Statement	ment identified above is	s terminated with	respect to the security inte	rest(s) of Secure	d Party authorizing this Te	rmination
ASSIGNMENT (full or partial): Provide name of Assignment, complete items 7 and 9 and				e of Assignor in i	tem 9	<u> </u>
CONTINUATION, Effectiveness of the Financing State     continued for the additional period provided by applic		with respect to	the secunty interest(s) of Se	cured Party auth	orizing this Continuation S	Statement is
5. PARTY INFORMATION CHANGE:			<del></del>			
Check one of these two boxes:	AND Check one			D name: Comple	to item DELETE name:	Give record name
This Change affects Debtor or Secured Party of re				or 7b, and item 7		
6. CURRENT RECORD INFORMATION: Complete for Part Ga. ORGANIZATIONS NAME	y Information Change -	provide only <u>on</u>	e name (6a or 6b)			
PROVIDENCE BYBLOS LLC						
OR 66. INDIVIDUAL'S SURNAME		FIRST PERSON	AL NAME	KOITIOGA	NAL NAME(SYNITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assign	nment or Party Information Chi	ange - provide only	one name (7a or 7b) (use exact, fu	I name; do not omit i	nadily, or abbreviate any part of th	e Deblor's rulme)
78. ORGANIZATION'S NAME			<u> </u>			
OR 76 INDIVIDUAL'S SURNAME						
70 HOWIOOKE S SUNDANE						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)						SUFFIX
7c. MAILING ADDRESS	<del></del> -	Tary	<del></del>	STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE. Also check one of the	se four boxes: ADD	) collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN collatera
Indicate collateral						
9, NAME OF SECURED PARTY OF RECORD AUT	HORIZING THIS AME	ENDMENT: P	rovide only one name (9a or	9b) (name of As	signor, if this is an Assignme	ent)
If this is an Amendment authorized by a DEBTOR, check I		name of authoriz			· · · · · · · · · · · · · · · · · · ·	· 
93. ORGANIZATION'S NAME BANK RHODE ISLAND			_			
OR 95. INDIVIDUAL'S SURNAME	<u> </u>	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX
TO THE TOTAL OF CONTROL				7.55.110		
10. OPTIONAL FILER REFERENCE DATA: Debtor Na	me: PROVIDENCE	BYBLOS LI	С	<u>I</u>		
	icina 725 - 0725	<b></b>	-		303	

RI SOS Filing Number: 201819258510 Date: 3/9/2018 11:47:00 AM

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM **FOLLOW INSTRUCTIONS** 11, INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 201312953110 9/4/2013 SS RI 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a, ORGANIZATION'S NAME BANK RHODE ISLAND 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME **SUFFIX** ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name), see Instructions if name does not fit 13a, ORGANIZATION'S NAME PROVIDENCE BYBLOS LLC OR FIRST PERSONAL NAME ADDITIONAL NAME(SYNITIAL(S) SUFFIX 13b INDIVIDUAL'S SURNAME 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): Debtor Name and Address: PROVIDENCE BYBLOS LLC - 236 MEETING STREET, PROVIDENCE, RI 02906 Secured Party Name and Address: BANK RHODÉ ISLAND - 137 PITMAN STREET, PROVIDENCE, RI 02906 15. This FINANCING STATEMENT AMENDMENT: 17. Description of real estate. covers timber to be cut covers as-extracted collateral is filed as a fixture filing 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):

Loan Servicing 725 - 0725 303

File with: Secretary of State, RI

BANK RHODE ISLAND

18. MISCELLANEOUS: 62990455-RHO 34785 - BROOKLINE BANK