	CC FINANCING STATEMENT AMENDMENT LOW INSTRUCTIONS					
A. I	NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141]			
B. 6	E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com		1			
C.	SEND ACKNOWLEDGMENT TO: (Name and Address) 34785 - BRO	OKLINE				
ſ	Lien Solutions 63491 P.O. Box 29071	613				
	Glendale, CA 91209-9071 RIRI					
Į	File with: Secretary of State, RI		THE ABOVE SPA	CE IS FC	OR FILING OFFICE USE	E ONLY
	NITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STATE	MENT AMI	ENDMENT is to be filed [for	
613	3387 9/28/1993 SS RI		or recorded) in the REA (or recorded) in the R		RECORDS n UCC3Ad) <u>and</u> provide Deblor	's name in item 13
2. [TERMINATION Effectiveness of the Financing Statement identified above i Statement	s terminated with	respect to the security interest(s) of Secure	d Party authorizing this Ter	mination
3. [ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, a For partial assignment, complete items 7 and 9 and also indicate affected of			kssignor in i	tem 9	
4. [CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	with respect to	the security interest(s) of Secured	Party auth	ionzing this Continuation St	atement is
5. ໂ	PARTY INFORMATION CHANGE.		<u>-</u> ,		· ·	
	Aeck one of these two boxes	of these three box GE name and/or a	iddress: Complete ADD nar	ne Comple		Give record name
_	his Change affects Debtor or Secured Party of record 4em 6: URRENT RECORD INFORMATION Complete for Party Information Change -	_		and item 7	to be deleted in it	em oa or oo
	6a ORGANIZATION'S NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(<u></u>	
OR	COIA & LEPORE LTD					
ON	65 INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITION	VAL NAME(SYNITIAL(S)	SUFFIX
7. C	HANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Ch.	enge - provide only	one iname (7a or 7b) (use exect, full name	, do not omit, n	rodify or abbreviate any part of the	Debtor's name)
	7a ORGANIZATION'S NAME					
OR	76 INDIVIDUAL'S SURNAME					
	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(SYNITIAL(S)					SUFFIX
/c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. [.] COLLATERAL CHANGE Also check one of these four boxes [_]ADI) collateral	DELETE collateral	RESTATE	covered collateral A	SSIGN collateral
	Indicate collateral					
_						
	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	ENDMENT: Priname of authorizi		name of Ass	ignor, if this is an Assignme	nl)
	93 ORGANIZATION'S NAME BANK RHODE ISLAND					
OR	96 INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADUITION	IAL NAME(SYNITIAL(S)	SUFFIX
10. (DPTIONAL FILER REFERENCE DATA. Debtor Name: COIA & LEPO	DE LTD		1		1
	91613 Loan Servicing 725 - 0725	NE LIU			kvb	
_				•	Dranged by Luin Sigh Love	P.O. Boy 20071

er: 201819396320 Date: 4/3/2018 2:20:00 PM

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS 11 INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 613387 9/28/1993 SS RI 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a ORGANIZATION'S NAME BANK RHODE ISLAND OR 125 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME (SYINITIAL (S) SUFFIX 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 fling offices - see Instruction item 13): Provide only one Debter name (13a or 13b) (use exact, full name; do not om), modify, or abbreviate any part of the Debter's name), see Instructions if name does not fit 13a ORGANIZATION'S NAME COIA & LEPORE LTD OR 136 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SLFFIX 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral) Debtor Name and Address: COIA & LEPORE LTD - 226 SOUTH MAIN STREET, PROVIDENCE, RI 02903 Secured Party Name and Address: BANK RHODE ISLAND - 999 SOUTH BROADWAY , EAST PROVIDENCE, RI 02914 SHAWMUT BANK NA - ONE TURKS HEAD PLACE, SUITE 211 , PROVIDENCE, RI 02903 1) SHAWMUT BANK NA

15. This FINANCING STATEMENT AMENDMENT.	17. Description of real estate
covers limber to be cut. Covers as-extracted collateral. It is filled as a fixture film	9
16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest) Output Described in item 17 (if Debtor does not have a record interest)	<u>s</u>
18. MISCELLANEOUS 63491613 RI-0 34785 - BROOKLINE BANK BANK RHODE ISLAN) File with Secretary of State, RI Loan Servicing 725 - 0725 k/b