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	C FINANCING STATEMENT AMENDMEN	Т			
	NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141		1		
В. 1	E-MAIL CONTACT AT FILER (optional)  CLS-CTLS_Glendale_Customer_Service@wolterskluwer.ca	om			
C.	SEND ACKNOWLEDGMENT TO: (Name and Address) 34785 - BI	ROOKLINE	1		
ſ	Lien Solutions 6414 P.O. Box 29071	42476			
	Glendale, CA 91209-9071 RIRI				
lı		1			
L	File with: Secretary of State, RI		THE ABOVE SPA	CE IS FOR FILING OFFICE US	E ONLY
	NITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STATE (or recorded) in the REA	MENT AMENDMENT is to be filed (fo	or record]
200	0300795600 11/12/2003 SS RI		Filer: attach Amendment Ade	dendum (Form UCC3Ad) and provide Debte	
2	TERMINATION: Effectiveness of the Financing Statement identified abo Statement	ve is terminated wit	h respect to the security interest(s	) of Secured Party authorizing this Te	rmination
3. [	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7 For partial assignment, complete items 7 and 9 and also indicate affects			ssignor in item 9	
4. 2	CONTINUATION: Effectiveness of the Financing Statement identified at continued for the additional period provided by applicable law	bove with respect to	the security interest(s) of Secured	Party authorizing this Continuation S	Statement is
5. [	PARTY INFORMATION CHANGE.		······································		
	neck one of these two boxes.	one of these three bo HANGE name and/or		ne Complete itemDELETE name:	Give record name
	his Change affects Debtor or Secured Party of record ne	m 6a or 6b; <u>and</u> rtom	7e or 7b <u>and</u> item 7c 7e or 7b.	and item 7c to be deleted in	item 6a or 6b
6. C	URRENT RECORD INFORMATION: Complete for Party Information Changle ORGANIZATION'S NAME	ge - provide only <u>on</u>	e name (6a or 6b)		
	V&S PROPERTIES				
OR	66. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(SYNITIAL(S)	SUFFIX
7. C	HANGED OR ADDED INFORMATION: Complete for Assignment or Party Informatio	n Change - provide only	gre name (7a or 7b) (use exact, full name	do not amit, modify, or abbreviate any part of th	e Debtor's name)
	72 ORGANIZATION'S NAME				
OR	76 INDIVIDUAL'S SURNAME				
	INDIVIDUAL'S FIRST PERSONAL NAME				
	INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)		<del></del>	<del> </del>	SUFFIX
7c.	MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
8. [	COLLATERAL CHANGE: Also check one of these four boxes.	ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
	Indicate collateral				
_					
	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS A this is an Amendment authorized by a DEBTOR, check here and and provi	AMENDMENT: P nde name of authoriz		ame of Assignor, if this is an Assignme	ent)
11	9a ORGANIZATION'S NAME	NO HOLK OF BUILDING	ing utation		
ΩĐ	BANK RHODE ISLAND				
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
10.0	DPTIONAL FILER REFERENCE DATA: Debtor Name: V&S PROP	 FRTIES		<u> </u>	<u> </u>
	42476 Loan Servicing 725 - 0725			kvb	

RI SOS Filing Number: 201819656550 Date: 5/17/2018 12:00:00 PM

	NITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amend	iment form					
200	300795600 11/12/2003 SS RI						
12.	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Am	nendment form					
	120. ORGANIZATION'S NAME BANK RHODE ISLAND						
OR	12b. INDIVIDUAL'S SURNAME						
	FIRST PERSONAL NAME						
	ADDITIONAL NAME(SYINITIAL(S)	SU	FFIX				
_						FOR FILING OFFICE US	
13.	Name of DEBTOR on related financing statement (Name of a current Dobtor of one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or ab						i 13): Provide only
	13a. ORGANIZATION'S NAME V&S PROPERTIES	<u></u>					
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME		ADDITION	NAL NAME(SYMITIAL(S)	SUFFIX
BAI	EURED PARTY NAME AND ADDRESS:  NK RHODE ISLAND - ONE TURKS HEAD PLACE, PROVIDEN  This FINANCING STATEMENT AMENDMENT:		17. Descript	ion of real estate:			
16.		is a fixture filing	2000-ра	en en estato.			
18	MISCELLANEOUS; 64142476-Rt-0 34785 - BROOKLINE BANK BANK I	RHODE ISLAND		File with. Secretary of S	tate Ri	Loan Servicing 725 - 0725	loth .