RI SOS Filing Number: 201819672910 Date: 5/21/2018 12:10:00 PM UCC FINANCING STATEMENT **FOLIOW INSTRUCTIONS** NAME & PHONE OF CONTACT AT FILER (optional) 1-800-858-5294 CSC C SEND ACKNOWLEDGMENT TO (Name and Address) 10 COM

1467 13024

CSC
801 Adia: Stevenson Drive
Springfield, IL 62703

Filed In: Rhode Filed In: Rhode Island (S O.S.) DEBTOR'S NAME Provide only one Debtor name (to or 1b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name), if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here 🦳 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 18 ORGANIZATION'S NAME NORM'S AUTO SALES AND SERVICES, LLC 15 INDIVIDUAL S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 16 MAILING ADDRESS 1943 Putnam Pike POSTAL CODE COUNTRY USA Chepachet RI 02814 2 DEBTOR'S NAME Provide only gire Debtor name (28 or 2b) (use exact full name, do not omit, modify, or abbreviate any part of the (Debtor's name), if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here. 🦳 and provide the Individual Debtor information in item 10 of the Einanding Statement Addendum (Form UCC1Ad) 28 ORGANIZATION'S NAME 25 INDIVIDUAL'S SURNAME F.RST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX POSTAL CODE 2c MAILING ADDRESS COUNTRY 3 SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only one Secured Party name (38 or 3b) 3a ORGANIZATION'S NAME Citizens Bank, N.A. 35 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFF X CITY STATE POSTAL CODE COUNTRY 3c MAILING ADDRESS One Citizens Plaza Providence RI 02903 USA 4 COLLATERAL This financing statement covers the following collaleral All personal property of Debtor of every kind and nature, wherever located, whether now owned or hereafter acquired, including without limitation, the following categories of property as defined in Revised Article 9 of the Uniform Commercial Code: goods (including inventory, equipment, fixtures, farm products, and any accessories thereto), instruments (including promissory notes), documents, accounts (including health-care-insurance receivables), chattel paper (whether tangible or electronic), deposit accounts, letter-of-credit rights (whether or not the letter of credit is evidenced by a writing), commercial tort claims, securities and all other investment property, general intangibles (including payment intangibles and software), supporting obligations and any and all records of, accessions to and products and proceeds of the foregoing. Any term used herein which is defined in either (i) Article 9 of the Uniform Commercial Code as in effect in the jurisdiction in which this financing statement was signed or authenticated by the Debtor at the time it was so signed or authenticated or (ii) Article 9 of the Uniform Commercial Code as in effect at any relevant time in the jurisdiction in which 5. Check only if applicable and check gots one box. Collateral is ____held in a Trust (see UCC1Ad I tem 17 and Instructions). being administered by a Decedent's Personal Representative.

A Debtor is a Transmitting Utility

Selle-/Buyer

Consignee/Consignor

6b. Check only if applicable and check only one box

Non-UCC Fr ng

Licensee/Licensor

1467 13024

Agricultural Lien

Bailee/Bailor

Manufactured Home Transaction

Lessee/, essor

7 ALTERNATIVE DESIGNATION (* applicable)

8 OPTIONAL FILER REFERÊNCE DATA

UCC FINANCING STATEMENT ADDENDUM

NAME OF FIRST DEBTOR. Same as the 1a or 1b on Finant	ong Statement, if line 1b was left blank			
because Individual Deblor name did not fit, check here				
93 ORGANIZATION'S NAME NORM'S AUTO SALES AND SERVICE:	S, LLC			
	· · ·			•
95 INDIVIDUAL'S SURNAME	- 			
FIRST PERSONAL NAME	· -			
ADDITIONAL NAVE(S)/IN TIAL(S)	SUFFIX			
DEDTOR'S WAYS			IS FOR FILING OFFICE	
DEBTOR'S NAME Provide (10a or 10b) only one additional do not omit, modify, or abbreviate any part of the Debtor's name		e 15 or 25 of the Financing	Statement (Form UCC1) (use	exact, full n
100 ORGANIZATION'S NAME		·		
106 IND VIDUAL'S SURNAME				
INDIVIDUAL S FIRST PERSONAL NAME				
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(S) JAITINI(S) 3MAA JANOITICOA S'JAÇÕIV'CNI				SUFFIX
VAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR
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118 ORGANIZATION'S NAME	FIRST PERSONAL NAME		ONAL NAME(S)/INIT:A. (S)	SUFFIX
11a ORGANIZATIONS NAME 11b INDIV.CUAL'S SURNAME : MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral)	FIRST PERSONAL NAME	atroca atatz	ONAL NAME(S)/INIT:A: (S) POSTAL CODE	COUNTR
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