NAME & PHONE OF CONTACT AT FILER (opt		1			
Phone: (800) 331-3282 Fax: (818) 662-4 E-MAIL CONTACT AT FILER (optional)		1			
CLS-CTLS_Glendale_Customer_Service SEND ACKNOWLEDGMENT TO: (Name and A					
<u> </u>	 1				
Lien Solutions P.O. Box 29071	66740127				
Glendale, CA 91209-9071	RIRI				
	FIXTURE				
File with: Secretary	of State, RI	THE ABOVE SPA	CE IS FO	R FILING OFFICE US	E ONLY
NITIAL FINANCING STATEMENT FILE NUMBER 1413381740 1/2/2014 SS RI		1b This FINANCING STATE (or recorded) in the REA	LESTATEI	RECORDS	•
TERMINATION: Effectiveness of the Financing 9	Statement identified above is terminated with	Filer attach Amendment Addressed to the security interest(s			
Statement				,	
ASSIGNMENT (full or partial): Provide name of A For partial assignment, complete items 7 and 9 a			ssignor in it	em 9	
CONTINUATION: Effectiveness of the Financing continued for the additional period provided by a		he security interest(s) of Secured	Party auth	orizing this Continuation S	Statement is
PARTY INFORMATION CHANGE:					
heck one of these two boxes:	AND Check one of these three box — CHANGE name and/or a		ne: Complet	ertemDELETE name:	Give record
his Change affects Debtor or Secured Party			and item 7c	to be deleted in	item 6a or 6b
URRENT RECORD INFORMATION Complete for 6a ORGANIZATION'S NAME	Party Information Change - provide only one	name (5a or 5b)			
PROVIDENCE AND WORCESTER	RAILROAD COMPANY				
66 INDIVIDUAL'S SURNAME	FIRST PERSONA	IL NAME	ADDITION	AL NAME(SYINITIAL(S)	SUFFIX
HANGED OR ADDED INFORMATION: Complete for	Assignment or Party Information Change - provide only o	ne name (7a or 7b) (use exact, full name.	do not pm t. m	adily or abbreviate any part of th	e Debtor's name
7a ORGANIZATION'S NAME					
The INDA DOLLAR OF CUIDNAME					
76 INDIVIDUAL'S SURNAME					
76 INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S FIRST PERSONAL NAME					Louisse
					SUFFIX
INDIVIDUAL'S FIRST PERSONAL NAME	СПУ		STATE	POSTAL CODE	SUFFIX

	ITIAL FINANCING STATEMENT FILE NUMBER. Same as dem 113381740 1/2/2014 SS RI	1 1a on Amendment form		
	AME OF PARTY AUTHORIZING THIS AMENDMENT: Same as	s item 9 on Amendment form		
_	28. ORGANIZATION'S NAME			
}	KEY EQUIPMENT FINANCE INC.	_		
DR -	126 INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME			
	ADDITIONAL NAME(SYMITIAL(S)	SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE US	SE ONLY
	ame of DEBTOR on related financing statement (Name of a cur ne Debtor name (13a or 13b) (use exact, full name, do not omit,			n 13): Provide o
	30. ORGANIZATION'S NAME PROVIDENCE AND WORCESTER RAILROA	AD COMPANY		
R -	35. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAIVE	ADDITIONAL NAME(SYMITIAL(S)	SUFFIX
ecu	VIDENCE AND WORCESTER RAILROAD COMPA red Party Name and Address: EQUIPMENT FINANCE INC 1000 SOUTH MCCA	_	MA 01610	
Secu	red Party Name and Address:	_	MA 01610	
Secu	red Party Name and Address: EQUIPMENT FINANCE INC 1000 SOUTH MCCA	ASLIN BLVD , SUPERIOR, CO 80027		
5. T	red Party Name and Address: EQUIPMENT FINANCE INC 1000 SOUTH MCCA This FINANCING STATEMENT AMENDMENT: Covers timber to be cut	ASLIN BLVD , SUPERIOR, CO 80027		
6ecu (EY	red Party Name and Address: EQUIPMENT FINANCE INC 1000 SOUTH MCCA THE STIMENT AMENDMENT: Covers timber to be cut	SLIN BLVD , SUPERIOR, CO 80027 Stilled as a fixture filing ed in item 17 Providence 400 South	real estate	Company

18. MISCELLANEOUS 66740127-RI-0 21171 - KEY EQUIPMENT FINANC

KEY EQUIPMENT FINANCE INC

File with. Secretary of State, RI

Railroad Intersection

[See Exhibit for Real Estate]

CS

Debtor: PROVIDENCE AND WORCESTER RAILROAD COMPANY

Exhibit for Real Estate

17. Description of real estate: Continued

Near Southgate and Southbridge Streets