UCC FINANCING STATEMENT AMENDMENT NAME & PHONE OF CONTACT AT FILER (optional) 401 330-1650 B. E-MAIL CONTACT AT FILER (optional) coliveira@harborone.com C SEND ACKNOWLEDGMENT TO (Name and Address) Crystal Oliveira HarborOne Bank One Coastway Blvd Warwick, RI 02886 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 18 INITIAL FINANCING STATEMENT FILE NUMBER This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS
Filer attact) Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 201313167930 2. TERMINATION Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination 3 ASSIGNMENT (full or partial) Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 4 CONTINUATION Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law 5 PARTY INFORMATION CHANGE AND Check one of these three boxes to Check one of these two boxes CHANGE name and/or address. Complete tem 6a or 6b and item 7a or 7b and item 7c. ADD name. Complete item 7a or 7b, and item 7c. DELETE name Give recordiname to be deleted in item 6e or 6b This Change affects Debtor or Secured Party of record 6 CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 68 ORGANIZATION'S NAME OR 66 :NDIVIDUAL'S SURNAME FIRST PERSONAL/NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX CHANGED OR ADDED INFORMATION. Complete for Assignment or Party, information Change - provide only and rama (7a or 7b) (use exact, full name, do not omit, modify, or abbrevialle any part of the Debtor's name) 7a ORGANIZATION'S NAME OR 7b INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME IND VIDUAL'S ADDITIONAL NAME(S)/IN: TIAL(S) SUFFIX 7c MA LING ADDRESS CITY POSTAL CODE STATE COUNTRY 8. COLLATERAL CHANGE Also check one of these four boxes ADD collateral DELETE collaterat RESTATE covered collateral ASSIGN coliateral Indicate collateral 9 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT. Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here | and provide name of authorizing Debtor 9a ORGANIZATION'S NAVE HarborOne Bank OR 95 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/-NITIAL(S) SUFFIX 10 OPTIONAL FILER REFERENCE DATA 101870-8

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