RI SOS Filing Number: 201920726230 Date: 2/7/2019 10:44:00 AM UCC FINANCING STATEMENT **FOLLOW INSTRUCTIONS** NAME & PHONE OF CONTACT AT FILER (optional) 1-800-858-5294 CSC B E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com CSC 801 Adlai Stevenson Drive Springfield, IL 62703 filingacks C SEND ACKNOWLEDGMENT TO (Name and Address) Filed In: Rhode Island (S.O.S.) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME Provide only one Debtor name (1a 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 tem 10 of the Financing Statement Addendum (Form JCC1Ad) a ORGANIZATION'S NAME AFFORDABLE OVERHEAD DOOR, INC. SUFFIX ADDITIONAL NAME(S)/INIT/AL(S) 16 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME POSTAL CODE COUNTRY CITY 1c VAILING ADDRESS 50 Minnesota Avenue, Unit 3 **USA** 02888 RI Warwick 2 DEBTOR'S NAME. Provide only one Debtor name (2a 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 Financing Statement Addendum (Form UCC1Ad) 28 ORGANIZATION'S NAME SUFF:X ADDITIONAL NAME(S)/INITIAL(S) 26 INDIVIDUAL'S SURNAME "RS" PERSONAL NAME STATE POSTAL CODE COUNTRY 2c. MAILING ADDRESS 3 SECURED PARTY'S NAME (or NAVE of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only gate Secured Party name (3a or 3b) 34 ORGANIZATION'S NAME CITIZENS Bank, N.A. FIRST PERSONAL NAME ADDITIONAL NAME(S)/IN TIAL(S) SUFFIX 36 INDIVIDUAL'S SURNAME POSTAL CODE COUNTRY STATE 3c MAILING ADDRESS One Citizens Plaza RI 02903 USA Providence 4 COLLATERAL. This financing statement covers the following collateral.
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 only one box. Collateral is [__] held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative. 6b. Check paly if applicable and check only one box 6a. Check only if applicable and check only one box

A Debtor is a Transmitting Utility

Seller/Buyer

Consignee/Consignor

Non-UCC Fling

_____ Lrcensee/Licensor

1581 42277

Agricultural Lien

Bailee/Bailor

Public-Finance Transaction

7 A, TERNATIVE DESIGNATION (if applicable)

8 OPTIONAL FILER REFERENCE DATA

Manufactured-Home Transaction

Lossee/Lessor

because Individual Debtor name did not fit, check here	Statement if line 1b	was left blank				
9a ORGAN-ZATION'S NAME			1			
AFFORDABLE OVERHEAD DOOR, INC.			-			
96 NONIOUAL'S SURNAME			-			
FIRST PERSONAL NAME		 .	1			
ADDITIONAL NAME(S)MN-TIAL(S)		SUFFIX	THE ABOVE S	DACE	S FOR FILING OFFICE	IISE ONI Y
DEBTOR'S NAME Provide (10a or 10b) only grig additional D						
do not omit, modify, or abbreviate any part of the Deblor's name) a 10a ORGANIZATION'S NAME	nd enter the maring a	ddress in line 100				
105 INDIVIDUAL'S SURNAME			<u></u>			
NDIVIDUAL'S FIRST PERSONAL NAME						
:NDIVIDUAL'S ADDITIONAL NAME(S)/INIT.AL(S)						SUFFIX
MAILING ADDRESS	CI.A	-	.	STATE	POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME OF	ASSIGNOR S	ECURED PART	Y'S NAME Provide or	ry one ra	me (11a or 11b)	
118 ORGAN ZATION'S NAME	<u></u>					
MANNUZ SURNAME	F'RS'	FIRST PERSONA, NAME		(S)JAITINI(S)EMAN JANOITKSCA		SUFFIX
: MAILING ADDRESS	C.17			STATE	POSTAL CODE	COUNTRY
ADDITIONAL SPACE FOR ITEM 4 (Collateral)		<u> </u>		-		
nis financing statement is filed, has the me	efinitions. This	financing sta	itement covers,	and is	intended to cove	er, all
personal property of the Debtor.	corded) in the 14 T	his FINANCING STA		extracted (colateral Is filed as	a fixture filing
Dersonal property of the Debtor. This Financing STATEMENT is to be filled (for record) (or re- REAL ESTATE RECORDS (if app cable)	[_	e cui covers as-e	extracted (colateral s filed as	a fixture filing
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REAL ESTATE RECORDS (if app cable) Name and widdless of a RECORD OWNER of real estate described	[covers timber to b	e cui covers as-e	oxtracted :	colateral s filed as	a fxture filing