

UCC-1 Form

FILER INFORMATION

Full name:

Email Contact at Filer: MMARSHALL@ORSONANDBRUSINI.COM

SEND ACKNOWLEDGEMENT TO

Contact name: ORSON & BRUSINI LTD

Mailing Address: 144 WAYLAND AVENUE

City, State Zip Country: PROVIDENCE, RI 02906 USA

DEBTOR INFORMATION

Org. Name: THE LARES GROUP II, LLC

Mailing Address: 333 STRAWBERRY FIELD ROAD

City, State Zip Country: WARWICK, RI 02886 USA

SECURED PARTY INFORMATION

Org. Name: STRAWBERRY FIELD ESTATES INC.

Mailing Address: 445 WARWICK INDUSTRIAL DRIVE

City, State Zip Country: WARWICK, RI 02886 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: TO BE FILED WITH THE RISOS, UCC DIVISION (DAMAGES AGREEMENT/SECURITY AGREEMENT)

COLLATERAL

ALL OF THE DEBTOR'S RIGHT, TITLE AND INTEREST IN AND TO THAT CERTAIN DAMAGES AGREEMENT DATED DECEMBER 20, 1994 BETWEEN THE DEBTOR AND THE SECURED PARTY AND ALL PROCEEDS AND PAYMENTS THEREUNDER. THIS FINANCING STATEMENT IS INTENDED TO DESCRIBE THE SAME COLLATERAL AS THE UCC-1 FINANCING STATEMENT FILED WITH THE STATE OF RHODE ISLAND, SECRETARY OF STATE, UNIFORM COMMERCIAL CODE DIVISION ON DECEMBER 23, 1994, FILE NUMBER 631936.