RI SOS Filing Number: 201921039690 Date: 4/30/2019 1:15:00 PM UCC FINANCING STATEMENT **FOLLOWINSTRUCTIONS** NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 B E MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com C SEND ACKNOWLEDGMENT TO (Name and Address) filingacks@cscinfo.com 1630 15218 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In Rhode Island (S O S.) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME. Provide only one Selection name (fallor tib) (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 fill 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 LICC FAd) 18 ORGANIZAT ON'S NAME Gara'S Mens Shop, Inc. SUFFIX RST PERSONAL NAME ADD'T ONAL NAME(S)/ NITIAL(S) 16 INDIVIDUAL S SURNAME STATE ACOD JATSON COUNTRY 1c. VAILING ADDRESS 650 Oaklawn Avenue CITY **USA** 02920 RI Cranston 2. DEBTOR'S NAME. Provide only one (Debtor name (2a or 2b) (use exact full name, no 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 at lot hem 2 blank, check here. [1] and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a ORGANIZATION'S NAME ADDITIONAL NAME(S)/IN TIAL(S) FIRST PERSONAL NAME SUFFIX 25 INDIVIDUAL'S SURNAVE 2c MAILING ADDRESS Ċijv STATE POSTAL CODE COUNTRY 3 SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) Provide only one Secured Party name (3a or 3b) 38 ORGANIZATIONS NAME Citizens Bank, N.A. SUFFIX 35 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/IN TIAL(S) STATE POSTAL CODE COUNTRY 3c VAILING ACORESS One Citizens Plaza Providence RΙ 02903 **USA** 4 COLLATERAL. This financing statement covers for 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 UCC*Ad, item 17 and Instructions). being administered by a Decedent's Personal Representative. 6b. Check only if applicable and check only one box 6a. Check only if applicable and check only one box Agricultural Lien Non-UCC Filing Public Finance Transaction Manufactured Home Transaction A Debtor is a Transmitting Ut ify 7. ALTERNATIVE DESIGNATION (if approable) Ballee/Bailor Licensee/Licensor Consigner/Consignor 8 OPTIONAL FILER REFERENCE DATA

1630 15218

UCC FINANCING STATEMENT ADDENDUM

OLI OW INSTRUCTIONS			
NAME OF FIRST DEBTOR. Same as line to on thom Financing because Individual Debtor name did not fit, check here.	Statement, if line 16 was left blank		
12 J	·		
Gara's Mens Shop, Inc.			
Gara's Mens Onop, me.			
96 INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME			
ADDITIONAL NAME(S)/:NIT AL(S)			
	T	HE ABOVE SPACE IS FOR FILING OFFICE	USE ONLY
DEBTOR'S NAME. Provide (10a or 10b) only goe additional (X do not omit impulsy or abbreviate any part of the Debtur's name) an	obtor name or Debtor name that did not fit in line 1b o		
10a ORGANIZATIONS NAME			
105 IND VIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME			
IND VIDUAL'S ADDITIONAL NAME(S) IN TIAL(S)			SUFFIX
MAILING ADDRESS	CITY	STATE POSTA, COOF	COUNTRY
115 NOIVIDUAL'S SURNAME	FIRST PERSONAL NAVE	(2) JAST NIK(S) BMÁN JANÓI TICCA	SUFFIX
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
is financing statement is filed, has the meander the more encompassing of the two delersonal property of the Debtor.			
This FINANCING STATEMENT is to be filed (for record) (or rec	orded) in the 14. This FINANCING STATEMENT		
REAL ESTATE RECORDS (4 applicable)	covers Imber to be cut	covers as extracted collateral is fied as a	a fixture filing
Name and address of a RECORD OWNER of real estate described a (if Debtor does not have a record interest)	n item 16 T6 Description of real estate		
(, , , , , , , , , , , , , , , , , , ,			
	i		
	i		
MISCELLANEOUS			