RI SOS Filing Number: 201921172540 Date: 6/3/2019 11:42:00 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 C. SEND ACKNOWLEDGMENT TO: (Name and Address) ve CSCINTO.COM
Filed In: Rhode Island
(S.O.S.) 1646 45751 801 Adlai Stevenson Drive Springfield, IL 62703 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME Provide only Egg 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 15. leave all of 66m 1 blank, check here. 🦳 and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form JCC1Ad) 18 ORGANIZATION'S NAME Flynn Automotive, Inc. 16 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/IN TIAL(S) SUFFIX COUNTRY POSTAL CODE to MAILING ADDRESS 30 Dean Knauss Drive CITY **USA** RI 02882 Narragansett 2 DEBTOR'S NAME Provide only one Debtor risine (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 alt of item 2 blank, check here 🔲 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a ORGAN ZATION'S NAME ADD:T:ONAL NAME(S)/INITIAL(S) 26 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUFFIX STATE POSTAL CODE COJNTRY MAILING ADDRESS 3 SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only 200 Secured Party name (3a or 3b) 3a ORGAN ZATION'S NAME Citizens Bank, N.A. ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME 36 INDIVIDUAL'S SURNAME 3c MAILING ADDRESS One Citizens Plaza POSTAL CODE STATE COUNTRY Providence RI 02903 USA 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. Collarera is inheld in a Trust (see UCC1Ad item 17 and Instructions) being administered by a Decedent's Personal Representative 6a. Check only if app cable and check only one box Check pnly if applicable and check only one box Agricultural Lien Non-UCC Fiding

A Debtor is # Transmitting Utility

Seller/Buyer

Consignee/Consignor

] Bailee/Bailor

Licensee/Licensor

1646 45751

Manufactured-Home Transaction

Lessee/Lessor

Public-Finance Transaction

7 ALTERNATIVE DESIGNATION (d'applicable)

8 OPTIONAL FILER REFERENCE DATA

## UCC FINANCING STATEMENT ADDENDUM

| OLLOWINSTRUCTIONS  |                                       | _                             |                            |                |
|--|---------------------------------------|-------------------------------|----------------------------|----------------|
| NAME OF FIRST DEBTOR. Same as line talor to on Financing State because Individual Debtor name did not fit icheck here.   | lement if line 15 was left blank      |                               |                            |                |
| 9a ORGANIZATION'S NAME   | <del></del>                           |                               |                            |                |
| Flynn Automotive, Inc.   |                                       |                               |                            |                |
| riyin Automotive, inc.   |                                       |                               |                            |                |
|  |                                       |                               |                            |                |
| 95 INDIVIDUAL'S SURVAME  |                                       |                               |                            |                |
| FIRST PERSONAL NAME  |                                       |                               |                            |                |
| ADDITIONAL NAME(S)/INITIAL(S)  | St.FF:X                               |                               |                            |                |
|  |                                       |                               | IS FOR FILING OFFICE       |                |
| DEBTOR'S NAME. Provide (10a or 10b) only one additional Debtor do not omit, modify, or abbreviate any part of the Debtor's name) and en-   |                                       | ine 15 or 25 of the Financing | Statement (Form JCC1) (use | exact full nat |
| 10a ORGANIZATION'S NAME  |                                       | •                             | ·                          |                |
| 106 INDIVIDUALIS SURNAME   |                                       |                               |                            |                |
| INDIVIDUAL'S FIRST PERSONAL NAVE   |                                       |                               |                            |                |
| INDIVICUAL'S ACCITIONAL NAME(S) INDIVICUAL'S ACCITIONAL NAME(S)  |                                       |                               | <u> </u>                   | SUFFIX         |
| MA LING ADDRESS  | C:TY                                  | STATE                         | POSTAL CODE                | COUNTRY        |
|  |                                       |                               |                            |                |
| ADDITIONAL SECURED PARTY'S NAME of AS  | SSIGNOR SECURED PARTY                 | S NAME Grounds only une       | nome (11) or 11)           |                |
| ADDITIONAL SECURED PARTY'S NAME OF ASTRONOMY A | SSIGIACK SECURED I-ARTT               | 3 NAME Provide only DOE       | name (11a or 110)          |                |
| I W ORGANIZATION S NAME  |                                       |                               |                            |                |
|  |                                       | T. aasa                       |                            | I              |
| 116 NDIVIDUAL'S SURNAME  | FIRST PERSONAL NAME                   | HOCA                          | ONAL NAME(S)/INITIAL(S)    | SJFFIX         |
|  |                                       |                               |                            |                |
| MAILING ADDRESS  | C TY                                  | STATE                         | POSTA: CODE                | COUNTRY        |
| ADDITIONAL SPACE FOR ITEM 4 (Collateral)   | i                                     |                               |                            |                |
| is financing statement is filed, has the meaning of the two defining ersonal property of the Debtor.   |                                       |                               |                            |                |
| This FINANCING STATEMENT is to be filled (for record) (or recorder REAL ESTATE RECORDS (if applicable)   | d) in the 14. This FINANCING STATE    | WENT                          | _                          |                |
| Name and address of a RECORD OWNER of real estate described in iter  | covers timber to be                   |                               | Collateral s filed as a    | fixture filing |
| (if Debtor does not have a record interest)  | ⊤ 15   16. Description of real estate | •                             |                            |                |
|  |                                       |                               |                            |                |
|  |                                       |                               |                            |                |
|  |                                       |                               |                            |                |
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|  |                                       |                               |                            |                |
|  |                                       |                               |                            |                |
| MISCELLANEOUS  |                                       |                               |                            |                |