

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

|  |  |
|--|--|
| A NAME & PHONE OF CONTACT AT FILER (optional)<br>CSC 1-800-858-5294  |  |
| B E-MAIL CONTACT AT FILER (optional)<br>SPRFiling@cscglobal.com  |  |
| C SEND ACKNOWLEDGMENT TO (Name and Address)<br>1671 57177<br>CSC<br>801 Adlai Stevenson Drive<br>Springfield, IL 62703<br>Filed In: Rhode Island<br>(S O S ) |  |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 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 item 1C of the Financing Statement Addendum (Form UCC1Ad)

|  |                                |  |                     |                               |                      |
|--|--------------------------------|--|---------------------|-------------------------------|----------------------|
| 1a ORGANIZATION'S NAME Safety Management Solutions LLC |                                |  |                     |                               |                      |
| OR   | 1b INDIVIDUAL'S SURNAME        |  | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX               |
| 1c MAILING ADDRESS                                     | 33 College Hill Road, BLDG 30B |  | CITY<br>Warwick     | STATE<br>RI                   | POSTAL CODE<br>02886 |
|  |                                |  |                     | COUNTRY<br>USA                |                      |

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 1C of the Financing Statement Addendum (Form UCC1Ad)

|                        |                         |  |                     |                               |                      |
|------------------------|-------------------------|--|---------------------|-------------------------------|----------------------|
| 2a ORGANIZATION'S NAME |                         |  |                     |                               |                      |
| OR                     | 2b INDIVIDUAL'S SURNAME |  | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX               |
|                        | Stravato                |  | Louis               | D                             |                      |
| 2c MAILING ADDRESS     | 18 Jacqueline Street    |  | CITY<br>Providence  | STATE<br>RI                   | POSTAL CODE<br>02909 |
|                        |                         |  |                     | COUNTRY<br>USA                |                      |

3 SECURED PARTY'S NAME (or NAME OF ASSIGNEE or ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

|  |                                      |  |                      |                               |                      |
|--|--------------------------------------|--|----------------------|-------------------------------|----------------------|
| 3a ORGANIZATION'S NAME PONTE INVESTMENTS LLC |                                      |  |                      |                               |                      |
| OR   | 3b INDIVIDUAL'S SURNAME              |  | FIRST PERSONAL NAME  | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX               |
| 3c MAILING ADDRESS                           | 1300 Division Road Suite 305, Unit 1 |  | CITY<br>West Warwick | STATE<br>RI                   | POSTAL CODE<br>02893 |
|  |                                      |  |                      | COUNTRY<br>USA                |                      |

4 COLLATERAL This financing statement covers the following collateral:

No other UCC-1 Financing Statement may be filed as against the Debtor subsequent or junior to this filing without first contacting PONTE INVESTMENTS LLC via mail at the address noted above. Collateral shall mean any and all fixtures, and tangible and intangible assets and/or property of the Debtor that may be currently owned or later acquired, or in which the Debtor may now have or hereafter acquire any right, title and/or interest, as well as any products and/or proceeds of the foregoing, including without limitation, all equipment, machinery and fixtures (including all processing and manufacturing equipment, machine tools, data processing and computer equipment, furniture, tools, dyes, molds, motor vehicles, rolling stock, trailers, airplanes, vessels and other equipment of every kind or description), all inventory, raw materials, work in process, parts, components, finished goods, supplies and all goods returned or repossessed, all accounts, accounts receivable, other receivables, evidence of indebtedness, notes, drafts, acceptances, contract rights and proceeds derived therefrom, leases, chattel papers and general intangibles, all instruments, documents of title, policies and certificates of insurance, securities, securities entitlements, investment property, partnership interests, membership interests, bank deposits, depository accounts, checking accounts, certificates of deposit and cash, all

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

6a Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7 ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8 OPTIONAL FILER REFERENCE DATA

1671 57177

## UCC FINANCING STATEMENT ADDENDUM

### FOLLOW INSTRUCTIONS

9 NAME OF FIRST DEBTOR Same as line 1a or 1b on Financing Statement. If line 1b was left blank because Individual Debtor name did not fit, check here ☐

9a ORGANIZATION'S NAME

Safety Management Solutions LLC

OR

9b INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10 DEBTOR'S NAME Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC-1) (use exact, full name do not omit, modify or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a ORGANIZATION'S NAME

OR

10b INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11 ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME Provide only one name (11a or 11b)

11a ORGANIZATION'S NAME

OR

11b INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12 ADDITIONAL SPACE FOR ITEM 4 (Collateral)

accessions, additions and improvement thereto, all proceeds and products, books, records, documents, computer records, discs and data, all accessions and appurtenances to, renewals or replacements of and/ or substitutions.

13 ☐ This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)

14 This FINANCING STATEMENT

☐ covers timber to be cut

☐ covers as-extracted collateral

☐ is filed as a fixture filing

15 Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest)

16 Description of real estate

17 MISCELLANEOUS