

## UCC FINANCING STATEMENT AMENDMENT

## FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax (818) 662-4141				
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 32814 - THE <div style="display: flex; justify-content: space-between; align-items: flex-start; padding: 10px;"><div style="width: 45%;">Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div style="width: 50%; text-align: center;">71818964 <b>RIRI FIXTURE</b></div></div> <div style="text-align: center; margin-top: 10px;">File with: Secretary of State, RI</div>				

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER 200907651480 7/7/2009 SS RI	1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS File: <u>g12cc</u> Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13												
2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement													
3. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c, and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8													
4. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law													
5. <input type="checkbox"/> PARTY INFORMATION CHANGE Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record AND Check <u>one</u> of these three boxes to: <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b, and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b													
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;">6a. ORGANIZATION'S NAME RICHMOND 208 REALTY, LLC</td></tr><tr><td style="width: 40%; padding: 5px;">OR 6b. INDIVIDUAL'S SURNAME</td><td style="width: 30%; padding: 5px;">FIRST PERSONAL NAME</td><td style="width: 20%; padding: 5px;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 10%; padding: 5px;">SUFFIX</td></tr></table>		6a. ORGANIZATION'S NAME RICHMOND 208 REALTY, LLC				OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
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7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;">7a. ORGANIZATION'S NAME</td></tr><tr><td style="width: 40%; padding: 5px;">OR 7b. INDIVIDUAL'S SURNAME</td><td colspan="3" style="padding: 5px;">INDIVIDUAL'S FIRST PERSONAL NAME</td></tr><tr><td colspan="3" style="padding: 5px;">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</td><td style="padding: 5px;">SUFFIX</td></tr></table>		7a. ORGANIZATION'S NAME				OR 7b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST PERSONAL NAME			INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
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7c. MAILING ADDRESS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%; padding: 5px;">CITY</td><td style="width: 15%; padding: 5px;">STATE</td><td style="width: 20%; padding: 5px;">POSTAL CODE</td><td style="width: 25%; padding: 5px;">COUNTRY</td></tr></table>		CITY	STATE	POSTAL CODE	COUNTRY								
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8. <input type="checkbox"/> COLLATERAL CHANGE: Also check <u>one</u> of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral													
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;">9a. ORGANIZATION'S NAME THE WASHINGTON TRUST COMPANY</td></tr><tr><td style="width: 40%; padding: 5px;">OR 9b. INDIVIDUAL'S SURNAME</td><td style="width: 30%; padding: 5px;">FIRST PERSONAL NAME</td><td style="width: 20%; padding: 5px;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 10%; padding: 5px;">SUFFIX</td></tr></table>		9a. ORGANIZATION'S NAME THE WASHINGTON TRUST COMPANY				OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
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10. OPTIONAL FILER REFERENCE DATA: Debtor Name: RICHMOND 208 REALTY, LLC 71818964 Luba V Stolyarova 92309430													

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

### FOLLOW INSTRUCTIONS

11 INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form 200907651480 7/7/2009 SS RI	
12 NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form	
12a ORGANIZATION'S NAME THE WASHINGTON TRUST COMPANY	
OR	
12b INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13 Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13) Provide only <u>one</u> Debtor name (13a or 13b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name), see Instructions if name does not fit			
13a ORGANIZATION'S NAME RICHMOND 208 REALTY, LLC			
OR			
13b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

#### 14 ADDITIONAL SPACE FOR ITEM 8 (Collateral)

Debtor Name and Address:

RICHMOND 208 REALTY, LLC - 800 JEFFERSON BOULEVARD , WARWICK, RI 02886

Secured Party Name and Address:

THE WASHINGTON TRUST COMPANY - 10 WEYBOSSET STREET , PROVIDENCE, RI 02903

15 This FINANCING STATEMENT AMENDMENT <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> is filed as a fixture filing	17. Description of real estate
16 Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest)	