UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS A 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@cscinto com 1714 42362 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 oue 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 10 leave all of item 1 blank, check here 🔲 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a ORGANIZATION'S NAME New England Grass-Fed, LLC 16 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SV NITIAL(S) SUFFIX 1c MAILING ADDRESS 248 Spring Street \overline{C} STATE POSTAL CODE COUNTRY 02832 **USA** RI Hope Valley 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 fill in line 25. leave all of item 2 blank, check here. 🛅 and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad). 28 ORGANIZATION'S NAME 26 IND VIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 3 SECURED PARTY'S NAME for NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only good Secured Party name (3a or 3b) 3a ORGANIZATION'S NAME Citizens Bank, N.A. 35 INDIVIDUAL'S SURNAME ADD TIONAL NAME (S)/INITIA. (S) FIRST PERSONAL NAME ไร่บะคน POSTAL CODE 3c MAILING ADDRESS One Citizens Plaza CITY STATE COUNTRY Providence 02903 RI **USA** 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 UCC1Ad, item 17 and Instructions). being administered by a Decedent's Personal Representative 6a. Check only if applicable and check only one box 6b. Check goly if applicable and check only one box Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-JCC Filing 7. ALTERNATIVE DESIGNATION (if applicable) Lessee/Lessor Consigner/Consignor Selle Buyer Bailee/Bailor Licensee/Licensor 8 OPTIONAL FILER REFERENCE DATA

1714 42362

RI SOS Filing Number: 201921710490 Date: 10/21/2019 11:37:00 AM

UCC FINANCING STATEMENT ADDENDUM

OLLOWINSTRUCTIONS					
NAME OF FIRST DEBTOR. Same as tine 1a or 1b on Financing because Individual Debtor name did not fit, check here.	Statement, if line 1b was left blank	7			
98 ORGANIZATION'S NAME	-· · · · · · · · · · · · · · ·	_			
New England Grass-Fed, LLC					
R 95 INDIVIDUAL'S SURNAME	-	-			
FIRST PERSONAL NAME		1			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	\dashv			
		THE ABOVE SI	PACE IS E	OR FILING OFFICE	USE ONLY
DEBTOR'S NAME Provide (10a or 10b) only one additional De do not omit, involvy or abbreviate any part of the Debtor's name) an					
10a ORGANIZATION'S NAME	enter the making address in line 100				
R 105 INDIVIDUAL'S SURNAME					.
INDIVIDUAL'S FIRST PERSONAL NAME					
IND:VIDUAL'S ADDIT DNAL NAME(S)/INITIAL(S)					SUFFIX
c MAILING ADDRESS	Сіту	s	STATE P	OSTAL CODE	COUNTRY
	ľ				
1 ADDITIONAL SECURED PARTY'S NAME QL []	ASSIGNOR SECURED PART	Y'S NAME Provide only	у <u>оде</u> патте	(11a or 11b)	
R 116 IND'VIDUAL'S SURNAME	FIRST PERSONAL NAME	· · · · · · · · · · · · · · · · · · ·	CD.1 ONA	L NAME(S)/-NITIAL(S)	SJEELX
a MAILING ADDRESS	C-TY		FATE TH	OSTAL CODE	COUNTRY
2 ADDITIONAL SPACE FOR ITEM 4 (Collateral)	i				
this financing statement is filed, has the meal under the more encompassing of the two def personal property of the Debtor.					
3 This F.NANCING STATEMENT is to be filed for record; (or record REAL ESTATE RECORDS (if applicable)	orded) in the 14. This FINANCING STA	TEMENT			
	covers timber to I		tracted colla	ateral [] is feed as a	fixture filing
Name and address of a RECORD OWNER of real estate described in (if Debtor does not have a record interest)	titem 16 16. Description of real es	:ale			
	ı				
7 MISCELLANFOUS			·	<u></u> .	