RI SOS Filing Number: 201921761960 Date: 10/31/2019 2:03:00 PM **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) 1705 10919 filingacks@cscinfo.com 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 <u>one</u> Debtor name (failor 1b) (use exact, full name, so not only, modify, or appreviate any part of the Debtor's name), if any part of the Individual Debtor's name will not fil in line 15, leave all of item 5 bank, check here 🔲 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 18 ORGANIZATION'S NAME Barnitt Company, LLC 16 INDIVIDUAL SISTENAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 1c MAILING ADDRESS 259 Franklin Street STATE POSTAL CODE COUNTRY CITY **Bristol** RI 02809 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 at lifetem 2 blank, check here 🦳 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2# ORGANIZATIONS NAME MANAS SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/IN TIAL(S) SUFFIX 2c MAILING ADDRESS COUNTRY 3 SECURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY). Provide only one Secured Party name (3a or 3b) 38 ORGANIZATION'S NAME Citizens Bank, N.A. 3b IND VIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/IN:TIAL(S) SUFFIX 3c MAILING ADDRESS One Citizens Plaza POSTAL CODE COUNTRY 02903 Providence RI USA COLLATERAL This financing statement covers the following covaries of 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 JCC1Ad litem 17 and instructions). being administered by a Decedent's Personal Representative 6a. Check only if applicable and check only one box 6b. Check only if applicable and check only one box

A Debtor is a Transmitting Utility

Sel er/Buye:

Consigner/Consignor

Agnoultural Lien

Bailee/Bator

Licensee/Licensor

1705 10919

Manufactured Home Transaction

Lessee/Lessor

Public Finance Transaction

7. ALTERNATIVE DESIGNATION (if applicable)

8 OPTIONAL FILER REFERENCE DATA

UCC FINANCING STATEMENT ADDENDUM

because individual Debtor name did not fit, check here	cing Statement if line 1b was					
9a ORGANIZATION'S NAME Barnitt Company, LLC		1				
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95 INDIVIDUAL'S SURNAME						
FIRST PERSONAL NAME						
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DEBTOR'S NAME Provide (10a or 10b) only one additional do not omit, modify, or abbreviate any part of the Debtor's name			ne 15 or 25 of the Fi	nancing S	latement (Form JCC1) (i	ise exact, full n
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