

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

|                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br><b>George M. Durgin, Tax Assessor 401-847-0193</b>                                                                                                                              |
| B. E-MAIL CONTACT AT FILER (optional)<br><b>msylvia@middletownri.com</b>                                                                                                                                                          |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br><div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>Tax Collector<br/>c/o Mary-Beth Sylvia<br/>350 East Main Rd.<br/>Middletown, RI 02842</b> </div> |

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 10 of the Financing Statement Addendum (Form UCC1Ad)

|                                                           |                         |                     |                               |            |
|-----------------------------------------------------------|-------------------------|---------------------|-------------------------------|------------|
| 1a ORGANIZATION'S NAME<br><b>Rent All of Newport Inc.</b> |                         |                     |                               |            |
| OR                                                        | 1b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX     |
| 1c MAILING ADDRESS                                        | CITY                    | STATE               | POSTAL CODE                   | COUNTRY    |
| <b>1139 Aquidneck Ave</b>                                 | <b>Middletown</b>       | <b>RI</b>           | <b>02842</b>                  | <b>USA</b> |

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 10 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  |
| 2c MAILING ADDRESS     | CITY                    | STATE               | POSTAL CODE                   | COUNTRY |

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

|                                                     |                         |                     |                               |            |
|-----------------------------------------------------|-------------------------|---------------------|-------------------------------|------------|
| 3a ORGANIZATION'S NAME<br><b>Town of Middletown</b> |                         |                     |                               |            |
| OR                                                  | 3b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX     |
| 3c MAILING ADDRESS                                  | CITY                    | STATE               | POSTAL CODE                   | COUNTRY    |
| <b>350 East Main Rd.</b>                            | <b>Middletown</b>       | <b>RI</b>           | <b>02842</b>                  | <b>USA</b> |

4 COLLATERAL: This financing statement covers the following collateral

This notice covers the following property: **Tangible Property**

Type and description of property: **Misc. Rental equipment, Computer equipment and Office furniture**

Taxes assessed and unpaid: **\$574.66, Interest through 11/20/19 \$29.74; Total: \$604.40**

Tax year or years for which the taxes were assessed: **2017**

|                                                                                                                                                                                                                                                         |                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, Item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative     |                                                                                                                                                         |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box<br><input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility             | 6b. Check <u>only</u> if applicable and check <u>only</u> one box<br><input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing |
| 7. ALTERNATIVE DESIGNATION (if applicable). <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor |                                                                                                                                                         |
| 8. OPTIONAL FILER REFERENCE DATA                                                                                                                                                                                                                        |                                                                                                                                                         |