

UCC FINANCING STATEMENT AMENDMENT

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) 1760 29319 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 fillingacks@cscinfo.com Filed In Rhode Island (S.O.S.)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILL NUMBER
201515249560 06/23/2015

1b This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. For attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 1c.

2 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 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 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 PARTY INFORMATION CHANGE
Check one of these two boxes AND Check one of these three boxes to
This Change affects Debtor or Secured Party of record CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b and item 7c. ADD name. Complete item 7a or 7b and item 7c. DELETE name. Give record name to be deleted in item 6a or 6b.

6 CURRENT RECORD INFORMATION Complete for Party Information Change - provide only one name (6a or 6b)

6a ORGANIZATION'S NAME GUS'S ON THE BAY D/B/A IGGY'S BOARDWALK

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 one name (7a or 7b); use exact, full name; do not omit, modify or abbreviate any part of the Debtor's name!

7a ORGANIZATION'S NAME Gus's On The Bay, Inc.

OR

7b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7c MAILING ADDRESS 41 RHODE ISLAND AVENUE CITY WARWICK STATE RI POSTAL CODE 02889 COUNTRY USA

8 COLLATERAL CHANGE Also check one of these four boxes ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral
Ind cate collateral

9 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment). If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor.

9a ORGANIZATION'S NAME Citizens Bank, N.A. formerly known as RBS Citizens, N.A.

OR

9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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10 OPTIONAL FILER REFERENCE DATA Debtor:GUS'S ON THE BAY D/B/A IGGY'S BOARDWALK 1760 29319