

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

<b>A NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
<b>B E-MAIL CONTACT AT FILER (optional)</b> uccfilingreturn@wolterskluwer.com	
<b>C. SEND ACKNOWLEDGMENT TO (Name and Address)</b> 14383 - BERKSHIRE	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	75082779  RIRI

File with: Secretary of State, RI

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
201008655500 5/21/2010 SS RI

1b.  This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS  
 Filer:  Amend:  Addendum (Form UCC3Ad) and provide Debtor's name in item 12

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  
2PADDYSANDACANUCK L.L.C.

6b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX

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

OR

7b INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S)

SUFFIX

7c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

8.  COLLATERAL CHANGE Also check one of these four boxes  ADD collateral  DELETE collateral  RESTATE covered collateral  ASSIGN collateral  
 Indicate 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  
SAVINGS INSTITUTE BANK AND TRUST COMPANY

9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA Debtor Name: 2PADDYSANDACANUCK L.L.C.  
 75082779 4625 SM BUS RHODE ISLAND 9004892973

**UCC FINANCING STATEMENT AMENDMENT ADDENDUM**

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form 201008655500 5/21/2010 SS RI	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form	
12a ORGANIZATION'S NAME SAVINGS INSTITUTE BANK AND TRUST COMPANY	
OR	
12b INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)INITIAL(S)	SUFFIX

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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 one 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 2PADDYSANDACANUCK L.L.C.				
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:

2PADDYSANDACANUCK L.L.C. - 111 BROADWAY , NEWPORT, RI 02840

Secured Party Name and Address:

SAVINGS INSTITUTE BANK AND TRUST COMPANY - 803 MAIN STREET , WILLIMANTIC, CT 06226

NEWPORT FEDERAL SAVINGS BANK - 100 BELLEVUE AVENUE, P.O. BOX 210 , NEWPORT, RI 02840

1) NEWPORT FEDERAL SAVINGS BANK

15. THIS FINANCING STATEMENT AMENDMENT <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input 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)	