

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Richard Nadeau, Esq. 401-861-8200	
B. E-MAIL CONTACT AT FILER (optional) mbramwell@psh.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Richard Nadeau, Esq. Partridge Snow & Hahn LLP 40 Westminster Street, Suite 1100 Providence, RI 02903	

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 PACE Organization of Rhode Island				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 225 Chapman Street		CITY Providence	STATE RI	POSTAL CODE 02905
			COUNTRY 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 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 The Washington Trust Company				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 23 Broad Street		CITY Westerly	STATE RI	POSTAL CODE 02891
				COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral.

All assets of the Debtor, including without limitation all tangible and intangible personal property and all fixtures.

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is		held in a Trust (see UCC1Ad, item 17 and instructions)		being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box:				6b. Check <u>only</u> if applicable and check <u>only</u> one box:	
☐ Public-Finance Transaction	☐ Manufactured-Home Transaction	☐ A Debtor is a Transmitting Utility	☐ Agricultural Lien	☐ Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (if applicable):		☐ Lessee/Lessor	☐ Consignee/Consignor	☐ Seller/Buyer	☐ Bailee/Bailor
				☐ Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA #3854307 (6258/271) To be filed with the Rhode Island Secretary of State					