

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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| 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) 1898 25024 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 |

filingacks@cscinfo.com

Filed In: Rhode Island
(S.O.S.)

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 GP Arcade Garage, LLC | | | |
| OR | 1b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |
| 1c MAILING ADDRESS | 66 Weybosset Street | CITY Providence | STATE POSTAL CODE COUNTRY RI 02903 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 Wells Fargo Bank, N.A., as Trustee for the registered Holders of Sutherland Commercial Mortgage Trust 2020-SBC9, Commercial Mortgage Pass-Through Certificates, Series 2020-SBC9 | | | |
| OR | 3b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |
| 3c MAILING ADDRESS | 1251 Avenue of the Americas, 50th floor | CITY New York | STATE POSTAL CODE COUNTRY NY 10020 USA |

4 COLLATERAL This financing statement covers the following collateral
Commercial Real Estate

| | |
|---|--|
| 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 <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 <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing |
| 7 ALTERNATIVE DESIGNATION (if applicable) <input type="checkbox"/> Lessor/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 | |

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