RI SOS Filing Number: 202023299	340 Date: 7/20/2020 2:4	7:00 F	PM	
UCC FINANCING STATEMENT				
FOLLOW INSTRUCTIONS				
A NAME & PHONE OF CONTACT AT FILER (optional)				
3. S. MANI. CONTACT AT SUI SD.				
B E-MAIL CONTACT AT FILER (optional)				
O CENT ACCUSED FROMENT TO MANAGE AND ACCUSED TO THE				
C. SEND ACKNOWLEDGMENT TO. (Name and Address)				
Dime Bank				
290 Salem Turnpike	· I			
Norwich, CT 06360				
1 Norwich, C1 00300	,			
 				
1 DERTORIE MANE			R FILING OFFICE US	
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of item 1 blank, check here. and provide	name, do not omit, modify, or abbreviate any part o the Individual Debtor information in item 10 of the F			
1a ORGANIZATIONS NAME	and manager bester mis-mass par kern to drule a	mar on g or	Brainent Addendur (Form	——————————————————————————————————————
W.H.I., INC.				
OR 15 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
		.		
1c. MAILING ADDRESS	C!TY"	STATE	POSTAL CODE	COUNTRY
38 Bay Street	Westerly	RI	02891	USA
2. DEBTOR'S NAME: Provide only one Deptor name (2a or 2b) (use exact, full	name do not cond modify or anhiovinte any and o	t the Debter	(c. nome) . d. nov. nod of the	ladeud in Onblose
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 F	inancing St	s name), il any part crime atement Addendum (Form	UCC1Ad)
2a ORGANIZATIONS NAME				
OR 20 IND VIDUAL'S SURNAME	F RST PERSONAL NAME	O-TIGGA	NAL NAME(S)/INIT AL(S)	SUFFIX
Catalano	Dana	V.		i
2c MAILING ADDRESS	C.TY	STATE	POSTAL CODE	COUNTRY
38 Bay Street, Unit W-201	Westerly	RI	02891	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNOR SECU	JRED PARTY). Provide only one Secured Party has	ne (3a cr 3i	D)	
3a ORGANIZATION'S NAME			-	
Dime Bank				
35 INDIV. DUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
20 MAILING ADOUGED			·	
3c MAILING ADDRESS 290 Salem Turnpike	CITY	1	POSTAL CODE	COUNTRY
	Norwich	CT	06360	USA
4. COLLATERAL: This financing statement covers the following collaterer	_			
All inventory, equipment, accounts (including but not limited	to all health-care-insurance receivab	les), chai	ttel paper, instrume	nts (including
but not limited to all promissory notes), letter-of-credit rights other rights to payment and performance, and general intang	s, letters of credit, documents, depos	it accou	nts, investment pro	perty, money,
oil, gas and other minerals before extraction; all oil, gas, other	her minerals and accounts constituti	SOTWATE no asex	: and all payment in tracted collateral: :	itangibles); all all fixtures: all
timber to be cut; all attachments, accessions, accessories, fit	tings, increases, tools, parts, repairs,	supplies	and commingled a	goods relating
to the foregoing property, and all additions, replacements or refunds relating to the foregoing property; all good will related	f and substitutions for all or any par	t of the f	oregoing property:	all insurance
relating to the foregoing property, and all equipment, invento	ory and software to utilize, create, ma	intain ar	id nancess any suc	h records and
 data on electronic media; and all supporting obligations relations. 	ating to the foregoing property: all w	thether r	low existing or her	eafter arising
whether now owned or hereafter acquired or whether now or proceeds (including but not limited to all insurance payments	hereafter subject to any rights in the	foregoir	ng property; and all	products and
process (morading but not infined to all insurance payments	of or relating to the foregoing prope	eπy.		
5. Check only if applicable and check only one box. Collateral is I neld in a Trust	CONTROL AND ADDRESS OF THE PROPERTY OF THE PRO			
6a. Check only if approable and check only one box			red by a Decedent's Person of applicable and check on	
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility	_		ly one box: DC Filing
7. ALTERNATIVE DESIGNATION (if applicable) Lessee/Lessor	Consignee/Consignor Seller/Buyer			
8. OPTIONAL FILER REFERENCE DATA.	Selectocyel	8	Liea/Dallor Lie	censee/Licensor
7-1-2020				