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UCC FINANCING STATEMENT					
FOLLOW INSTRUCTIONS					
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A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-328	2 Fax: 818-662-414	1			
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 32814	4 - THE				
Lien Solutions 7	76177423				
P.O. Box 29071	•	1			
Glendale, CA 91209-9071 R	IRI	रा			
l, F	IXTURE 1				
File with: Secretary of State, RI				OR FILING OFFICE US	
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use e name will not fit in line 1b, leave all of item 1 blank, check here and	exact, full name; do not on	it, modify, or abbreviate any p	art of the Debtor	's name); if any part of the	Individual Debtor's
1a. ORGANIZATION'S NAME	provide the individual De	otor information in item 10 of ti	ne Financing Sta	itement Addendum (Form L	JCC1Ad)
Nelson Realty Development, LLC					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSOI	IAI NAME	ADDITION	(A) MARKE (D) (BUTTAL (D)	Louisi
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1c. MAILING ADDRESS	CITY			Legata cons	OO! IN ITTEM
		Cit		POSTAL CODE	COUNTRY
123 Coggeshall Avenue		Newport		02840	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use e					
name will not fit in line 2b, leave all of item 2 blank, check here and [2a, ORGANIZATION'S NAME]	provide the individual De	otor information in item 10 of the	ne Financing Sta	tement Addendum (Form t	JCC1Ad)
28. ORGANIZATION S NAME					
OR 2b. INDIVIDUAL'S SURNAME	T	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	
20. INDIVIDUAL 3 SURVANIE	FIRST PERSON				
2c. MAILING ADDRESS	CITY		STATE		
Estimate in the interest of th	Cirr	City		POSTAL CODE	COUNTRY
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2 SECURED BARTYS MANE (** NAME (** SOURCE ** ASSIGNATION		rovide only <u>one</u> Secured Part		o)	
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOUS TO ASSIGNOUS NAME)	OR SECURED PARTY): F		y name (3a or 3i		
3a. ORGANIZATION'S NAME	OR SECURED PARTY): F	1	y name (3a or 3i	·	
3a. ORGANIZATION'S NAME The Washington Trust Company, of Westerly		NAZ NAME			Leuren
3э. ORGANIZATION'S NAME The Washington Trust Company, of Westerly	FIRST PERSO	VAL NAME		NAL NAME(SYINITIAL(S)	SUFFIX
OR 3b. INDIVIDUAL'S SURNAME 3a. ORGANIZATION'S NAME The Washington Trust Company, of Westerly 3b. INDIVIDUAL'S SURNAME	FIRST PERSO	VAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	
OR 3a. ORGANIZATION'S NAME The Washington Trust Company, of Westerly 3b. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS	FIRST PERSO	VAL NAME	ADDITIO	NAL NAME(S)INITIAL(S) POSTAL CODE	COUNTRY
OR 3a. ORGANIZATION'S NAME The Washington Trust Company, of Westerly 3b. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS 23 Broad Street	FIRST PERSO CITY Westerly	VAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	
3a. ORGANIZATION'S NAME The Washington Trust Company, of Westerly 3b. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS 23 Broad Street 4. COLLATERAL: This financing statement covers the following collateral	FIRST PERSO CITY Westerly :		ADDITION STATE RI	NAL NAME(SYINITIAL(S) POSTAL CODE 02891	COUNTRY
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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME Nelson Realty Development, LLC OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME OR 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 10c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ADDITIONAL SECURED PARTY'S NAME ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) covers timber to be cut covers as-extracted coffateral is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): 315 Commerce Park, Units 1 & 2, North Kingstown, RI 17. MISCELLANEOUS: 76177423-RI-0 32814 - THE WASHINGTON TRUST The Washington Trust Company, of File with: Secretary of State, RI Jason Costa 93005220