RI SOS Filing Number: 202023477810 Date: 8/17/2020 11:34:00 AM

C FINANCING STATEMENT LOW INSTRUCTIONS					
NAME & PHONE OF CONTACT AT FILER (optional)	•]			
E-MAIL CONTACT AT FILER (optional)					
E-MAIL CONTINUE AT FILER (GALGES)					
SEND ACKNOWLEDGMENT TO: (Name and Address)					
	\neg				
	•				
	1				
-	_			DEKING OFFICE HER	ONLY
auna will not it in line to, leave all of item 1 blank, check here		, modify, or ebbreviate su	ry part of the Cebto		dividual Del
		, modify, or abbreviate au tor information in item 10	ny part of the Cebto of the Finencing St	's name); If any part of the in	odviđusi Deb
Chamy Corporation	and provide the Individual Debi	, modify, or abbreviate au tor information in item 10	ny part of the Cebto of the Finencing St	's neme); If any part of the in assement Addensium (Form U PALL NAME(S)(INITIAL(S)	SUFFIX
name will not it in fine to, neave all of flor: 1 blank, check here 1s. ORGANIZATIONS NAME Chamy Corporation 1b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERSON	modily, or ebbraviate au tor information in Rem 10 AL NAME	ny part of the Celeto of the Finencing St ADDITIO	's neme); If any part of the in adement Addersoum (Form Un PAIL NAME(S)(INITIAL(S)	SUFFIX
auna will not it in the 10, leave all of flort 1 blank, check here 18. ORGANIZATION'S NAME Chamy Corporation 16. INDIVIOUAL'S SURNAME MAILING ADDRESS Lafrate Way	FIRST PERSON CITY North K	modily, or ebbreviate au tor information in Rem 10 AL NAME	ny part of the Celetro of the Finencing St ADOLTIC STATE RI	's neme); If any part of the in scennent Addersoum (Form University Adderso	SUFFIX COUNTR
ame will not it in the 1b, leeve all of flert 1 blank, check here [1e. ORGANIZATION'S NAME Charry Corporation 1b. INDIVIDUAL'S SURNAME MAILING ADDRESS Lafrate Way DESTOR'S NAME: Provide only gos Debtor name (2e or 2b).	FIRST PERSON CITY North K (use exact full name: do not own.)	modify, or ebbreviate as for information in Rem 10 AL NAME INGSTOWNmodify, or abbreviate as	ny pert of the Celtro of the Finencing St ADDITIO STATE RI ny pert of the Debto	's neme); if any part of the in scement Addersoum (Form Universal Adde	SUFFIX COUNTR USA
tains will not it in fine to, leave all of flor: 1 blank, check here 1s. ORGANIZATIONS NAME Chamy Corporation 1b. INDIVIDUAL'S SURNAME MAILING ADDRESS L Tafrate Way DEBTOR'S NAME: Provide only gos Debtor name (2e or 2b).	FIRST PERSON CITY North K (use exact full name: do not own.)	modify, or ebbreviate as for information in Rem 10 AL NAME INGSTOWNmodify, or abbreviate as	ny pert of the Celetro of the Finencing St ADDITION STATE RI ny pert of the Debto	's neme); if any part of the in scement Addersoum (Form Universal Adde	SUFFIX COUNTR USA
name will not it in the 1b, leave all of fler: 1 blank, check here 1a. ORGANIZATIONS NAME Chamy Corporation 1b. INDIVIDUAL'S SURNAME MAILING ADDRESS 1 Infrate Way DEBTOR'S NAME: Provide only one Debtor name (2e or 2b) in the will not it in kine 2b, leave all of litem 2 blank, check here 2a. ORGANIZATIONS NAME	FIRST PERSON CITY North K (use exact full name: do not own.)	modify, or ebbraviate as for information in Rem 10 AL NAME INGSTOWN modify, or abbraviate as for information in Rem 10	y part of the Centro of the Finencing St ADDITIO STATE RI ny part of the Debto of the Financing St	's neme); if any part of the in scement Addersoum (Form Universal Adde	SUFFIX COUNTR USA
name will not it in fine 10, leave all of flor: 1 blank, check here 1e. ORGANIZATION'S NAME Chamy Corporation 1b. INDIVIDUAL'S SURNAME MAILING ADDRESS 1 Infrate Way DEBTOR'S NAME: Provide only pos Debtor name (2e or 2b) name will not fit in kine 2b, leave all of flore 2 blank, check here 2e. ORGANIZATION'S NAME	FIRST PERSON CITY North K (use exact full name: do not onto	modify, or ebbraviate as for information in Rem 10 AL NAME INGSTOWN modify, or abbraviate as for information in Rem 10	y part of the Centro of the Finencing St ADDITIO STATE RI ny part of the Debto of the Financing St	's name); if any part of the instanced Addersorm (Form Universal Adder	SUFFIX COUNTR USA
Tale or an incident of the server of of them 1 blank, check here to the organizations name Chamy Corporation 1b. INDIVIDUAL'S SURNAME MAILING ADDRESS Listrate Way DEBTOR'S NAME: Provide only non Debtor name (2e or 2b): name will not fit in an 2b, leave all of them 2 blank, check here to individual's SURNAME.	FIRST PERSON CITY North K (use exact full name: do not onto	modify, or ebbraviate as for information in Rem 10 AL NAME INGSTOWN modify, or abbraviate as for information in Rem 10	y part of the Centro of the Finencing St ADDITIO STATE RI ny part of the Debto of the Financing St	rs neme); If any part of the insperient Addendum (Form University Adde	SUFFIX COUNTR USA Methodus Det
tame will not fit in fine 1b, leave all of flort 1 blank, check here 1a. ORGANIZATION'S NAME Charry Corporation 1b. INDIVIDUAL'S SURNAME MAILING ADDRESS Lafrate Way DEBTOR'S NAME: Provide only gos Debtor name (2a or 2b); name will not fit in lane 2b, leave all of litem 2 btank, check here 2b. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME	FIRST PERSON CITY North K (use exact full name do not own) and provide the individual Deb	modify, or ebbraviate at the information in Rem 10 AL NAME INGSTOWN , modify, or ebbraviate at the information in Rem 10 AL NAME	ADDITION STATE RI ADDITION STATE RI ADDITION STATE RI ADDITION STATE STATE STATE	's name); if any part of the instancent Addensium (Form University Addensity Addensium (Form University Addensity Adden	SUFFIX COUNTR USA MINOUS DET CC1Ad)
The ORGANIZATION'S NAME The ORGANIZATION'S NAME Chamy Corporation The INDIVIDUAL'S SURNAME MAILING ADDRESS Lafrate Way DEBTOR'S NAME: Provide only goal Debtor name (2e or 2b); name will not fit in kine 2b, leave all of litem 2 btank, check here 2b. ORGANIZATION'S NAME MAILING ADDRESS MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of AS 3b ORGANIZATION'S NAME	FIRST PERSON CITY North K (use exact full name do not own) and provide the individual Deb	modify, or ebbraviate at the information in Rem 10 AL NAME INGSTOWN , modify, or ebbraviate at the information in Rem 10 AL NAME	ADDITION STATE RI ADDITION STATE RI ADDITION STATE RI ADDITION STATE STATE STATE	's name); if any part of the instancent Addensium (Form University Addensity Addensium (Form University Addensity Adden	SUFFIX COUNTR USA
The ORGANIZATIONS NAME The ORGANIZATIONS NAME Chamy Corporation The INDIVIDUAL'S SURNAME MAILING ACCRESS Lafrate Way DEBTOR'S NAME: Provide only gon Debtor name (2e or 2b); hame will not fit in line 2b, leave an of them 2 btank, check here 2b. ORGANIZATION'S NAME MAILING ACCRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of AS 3b. ORGANIZATION'S NAME Bank Rhode Island	FIRST PERSON CITY North K (use exact full name do not omit and provide the individual Deb FIRST PERSON CITY CITY FIRST PERSON CITY	modify, or ebbreviate at the information in Rem 10 AL NAME INGSTOWN modify, or ebbreviate at the information in Rem 10 AL NAME	y part of the Celtro of the Finencing St ADOITIC STATE RI ny part of the Debto of the Financing St ADOITIC	ra nerve): If any part of the in scament Addendum (Form Ut MALL NAME(S)MINITIAL(S) POSTAL CODE 02852 If a name): If any part of the interment Addendum (Form Ut MALL NAME(S)MINITIAL(S) POSTAL CODE	SUFFIX COUNTR USA MIMOUSI Det CC1Ad) SUFFIX COUNTR CCUNTR
Tale or an incident of the server of of flore 1 blank, check here charmy Corporation The organization's name charmed the individual's surname Majuring address I afrate Way DEBTOR'S NAME: Provide only total Debtor name (2e or 2b); name will not fit in the 2b, leave of of flore 2 blank, check here can organization's name 2b individual's surname Majuring address Majuring address SECURED PARTY'S NAME (or name of assignee of as 3 a organization's name	FIRST PERSON CITY North K (use exact full name do not own) and provide the individual Deb	modify, or ebbreviate at the information in Rem 10 AL NAME INGSTOWN modify, or ebbreviate at the information in Rem 10 AL NAME	y part of the Celtro of the Finencing St ADOITIC STATE RI ny part of the Debto of the Financing St ADOITIC	's name); if any part of the instancent Addensium (Form University Addensity Addensium (Form University Addensity Adden	SUFFIX COUNTR USA Methodus Det
The ORGANIZATION'S NAME The ORGANIZATION'S NAME Chamy Corporation The INDIVIDUAL'S SURNAME MAILING ADDRESS Lafrate Way DEBTOR'S NAME: Provide only goal Debtor name (2e or 2b); name will not fit in kine 2b, leave all of litem 2 btank, check here 2b. ORGANIZATION'S NAME MAILING ADDRESS Lafrate Way DEBTOR'S NAME: Provide only goal Debtor name (2e or 2b); name will not fit in kine 2b, leave all of litem 2 btank, check here The INDIVIDUAL'S SURNAME ANULING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of AS 3a ORGANIZATION'S NAME Bank Rhode Island	FIRST PERSON CITY North K (use exact full name do not omit and provide the individual Deb FIRST PERSON CITY CITY FIRST PERSON CITY	modify, or ebbreviate at the information in Rem 10 AL NAME INGSTOWN modify, or ebbreviate at the information in Rem 10 AL NAME	y part of the Celtro of the Finencing St ADOITIC STATE RI ny part of the Debto of the Financing St ADOITIC	ra nerve): If any part of the in scament Addendum (Form Ut MALL NAME(S)MINITIAL(S) POSTAL CODE 02852 If a name): If any part of the interment Addendum (Form Ut MALL NAME(S)MINITIAL(S) POSTAL CODE	SUFFIX COUNTR USA MIMOUSI Det CC1Ad) SUFFIX COUNTR CCUNTR

See Exhibit "A" attached hereto and incorporated herein by reference.

5. Check only if applicable and check only one box Cotateral is he'd in a Trust (see UCC1Ad, item 17 and instructions)	being administered by a Decedent's Personal Representati
Ba. Check only if applicable and check only 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 appricable): LesseeAlessor Consignee/Consignor Seiler/Buy	er Beflee/Bellor Licenser/Licensor
8. OPTIONAL FILER REFERENCE DATA: Our File No. 2116-678	

EXHIBIT A

Debtor:

Chamy Corporation

11 Infrate Way

North Kingstown, RI 02852

Secured Party:

Bank Rhode Island One Turks Head Place Providence, RI 02903

As collateral security for the payment and performance of all of the Obligations, the Debtor hereby grants, assigns, conveys, pledges and transfers to the Secured Party, a continuing security interest in the following assets and properties of the Debtor, any and all substitutions therefor and replacements thereof, and any and all additions and accessions thereto whether now owned or hereafter acquired or in which the Debtor may now have or hereafter acquire an interest (all of which are hereinafter collectively referred to as the "Collateral"):

PERSONAL PROPERTY AND FIXTURES: All goods, equipment, machinery, tools and other personal property and fixtures of every kind and description now or hereafter owned by the Debtor or in which the Debtor has an interest (but only to the extent of such interest) and situated or to be situated upon or used in connection with the Premises or in any of the improvements, together with any renewals, replacements or additions thereto or substitutions therefor, all proceeds and products thereof, and now or hereafter located at, or used in connection with the operation of the Premises or the improvements, including without limitation the following:

A. EQUIPMENT, ETC.: All of the Debtor's interest in and to all equipment, fixtures, inventory, goods, materials, supplies, furnishings, accounts, accounts receivable, contract rights, plans, specifications, permits, other rights, bank deposits, warranties,

cash, and general intangibles whether now or hereafter existing for use on or in connection with the Premises.

- B. PROCEEDS FOR DAMAGE TO THE MORTGAGED PROPERTY: All proceeds (including, without limitation, insurance and condemnation proceeds), including interest thereon, paid for any damage done to the Premises (as hereinafter defined), or any part thereof, or for any portion thereof appropriated for any character of public or quasi-public use in accordance with the provisions, terms and conditions hereinafter set forth.
- C. UTILITY DEPOSITS: All right, title and interest of the Debtor in and to all monetary deposits that the Debtor has been or will be required to give to any public or private utility with respect to utility services furnished or to be furnished to the Premises.
- D. RECORDS: All of the records and books of account now or hereafter maintained by the Debtor in connection with the operation of the Premises.
- E. NAME AND GOODWILL: The right, in event of foreclosure of the Premises hereunder, to take and use any name by which the Premises is then known or any variation of the words thereof, and the goodwill of the Debtor with respect thereto.

DEFINITIONS

"Code" shall mean the Uniform Commercial Code as the same may be in effect from time to time in the State of Rhode Island.

"Equipment" shall include "equipment" within the meaning of Section 9-102(a)(33) of the Code and, to the extent not otherwise included therein, all machinery, equipment, furniture, parts, tools and dies, of every kind and description, of the Debtor (including automotive equipment), now owned or hereafter acquired by the Debtor, and used or acquired for use in the business of the Debtor, together with all accessions thereto and all substitutions and replacements thereof and parts therefor; all cash or non-cash Proceeds.