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RI SOS Filing Number: 202124072	130 Date: 1/6	/2021 3:09:	00 PN	Л	
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional)					
Name. Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 8	318-662-4141				
B E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com					
C SEND ACKNOWLEDGMENT TO (Name and Address) 32814 - THE					
Lien Solutions 78384	150				
P.O. Box 29071	'				
Glendale, CA 91209-9071 RIRI					
FIXTU	JRE				
File with: Secretary of State, RI		THE ABOVE SPA	CE IS F	OR FILING OFFICE U	SE ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full n	name, do not omit, modify, or a	ibbreviate any part of	the Debtoo	's name), if any part of the	Individual Debtor's
name will not fit in line 15, leave all of item 1 blank, check here and provide th	ne Individual Debtor informatio	n in item 10 of the Fir	iancing Sta	tement Addendum (Form	UCC1Ad)
The Meadow View Group					
OR TO INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		Language	NAL NAME(S)/INITIAL(S)	SUFFIX
o managed 30 mount	TOT PERSONAL NAME		70011131	ere imme(spinitine(s)	30FFIA
10 MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
558 Smithfield Avenue	Pawtucket		RI	02860	USA
2 DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full n		abbreviate any part of		<u> </u>	
name will not fit in line 2b, leave all of item 2 blank, check here. 🕞 and provide the	ne Individual Debtor informatio	n in item 10 of the Fir	vancing Sta	alement Addendum (Form	UCC:Ad)
2a ORGANIZATION'S NAME			-		
OR CONTRACTOR OF THE PROPERTY	•				
26 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		OITICOA	NAL NAME(S)INITIAL(S)	SUFFIX
2: MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
			JUNE	1 03122 0002	
3 SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECUR	RED PARTY). Provide only re	ne Securen Party nam	l ne (3a or 3	<u> </u>	
3a ORGANIZATION'S NAME	<u> </u>		10 (30,000	-	
The Washington Trust Company, of Westerly					
OR 26 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDI*10	NAL NAME(SYNITIAL(S)	SUFFIX
			<u> </u>		
3c MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
23 Broad Street	Westerly		RI	02891	USA
 4. COLLATERAL. This financing statement covers the following collateral. All inventory, equipment, accounts (including but not limited to all his 	ealth-care-insurance re-	ceivables) chatte	l naper	instruments (includir	na but not limited
to all promissory notes), letter-of-credit rights, letters of credit, docu	ments, deposit account	s, investment pro	perty, m	oney, other rights to	payment &
performance, and general intangibles (including but not limited to all oil oas, other minerals & accounts constituting as outsided colli-	Il software and all paym	ent intangibles);	all oil, ga	s & other minerals b	efore extraction,
all oil, gas, other minerals & accounts constituting as-extracted colla- fittings, increases, tools, parts, repairs, supplies, & commingled goo					
substitutions for all or any part of the foregoing property; all insuran-	ce refunds relating to th	e foregoing propi	erty; all g	good will relating to the	ne foregoing
property; all records & data and embedded software relating to the maintain and process any such records & data on electronic media;	toregoing property, and : & all supporting obliga	all equipment, in tions relating to tl	iventory :	and software to utiliz	e, create, ether now
existing or hereafter arising, whether now owned or hereafter acqui	red or whether now or h	nereafter subject	to any rig	ghts in the foregoing	property, & all
products and proceeds (including but not limited to all insurance pa	yments) of or relating to	the foregoing pr	operty		
5 Check only if applicable and check only one box. Collateral is held in a Trust	(see UCC1Ad, item 17 and I			red by a Decedent's Pers	
6a Check only if applicable and check only one text Public Finance Transaction [] Manufactured Home Transaction	I I A Dobtes of First in			if applicable and check of	
	A Debtor is a Transmitt onsignee/Consignor	Selle:/Buyer	i Agricu!i Rai		CC Filing ensee/Licensor
ODITIONAL SILED DESCRIPTION (III approximate 1 cessorar essor	o isignice-consignor	CASHEL/DOYER	ال	(_)LIC	enage/ell/gliat/I

95618550

Laurel Bowerman

UCC FINANCING STATEMENT ADDENDUM

NAME OF FIRST DEBTOR. Same as line to or 16 on Financing States	ment, if line 1b was left	blank	1			
because Individual Debtor name did not fit, check here						
9a ORGANIZATION'S NAME			1			
The Meadow View Group						
		_	ł			
95. INDIVIDUAL'S SURNAME			1			
FIRST PERSONAL NAME			ł			
ADDITIONAL NAME(SYNITIAL(S)		SUFFIX				
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DEBTOR'S NAME. Provide (10a or 10b) only one additional Debto do not ornit, modify, or abbreviate any part of the Debtor's name) and en			line 1b or 2b of the Fi	nancing St	atement (Form UCC1) (us	e exact, full nam
10a ORGANIZATION'S NAME	iter tik: trailing address	m mre roc				
106 INDIVIDUAL'S SURNAME		,				
INDIVIDUAL'S FIRST PERSONAL NAME	<u></u>		 <u> </u>			
					····	
INDIVIOUAL S ADDITIONAL NAME(SYNITIAL(S)						SUFFIX
: MAILING ADDRESS	CITY			STATÉ	POSTAL CODE	COUNTRY
116 INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME		ADDITION	NAL NAME(SYNITIAL(S)	SUFFIX
c MAILING ADDRESS	SITY			STATE	POSTAL CODE	COUNTRY
ADDITIONAL SPACE FOR ITEM 4 (Collateral)	сіту		•	STATE	POSTAL CODE	COUNTRY
	CITY			STATE	POSTAL CODE	COUNTRY
ADDITIONAL SPACE FOR ITEM 4 (Collateral) X This FINANCING STATEMENT is to be filed [for record] (or record)		ANCING STAT	EMENT	STATE	POSTAL CODE	CGUNTRY
ADDITIONAL SPACE FOR ITEM 4 (Collateral)	ded) in the 14. This FIN	ANCING STAT	—			
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