

## UCC FINANCING STATEMENT AMENDMENT

## FOLLOW INSTRUCTIONS

<b>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141				
<b>B. E-MAIL CONTACT AT FILER (optional)</b> uccfilingreturn@wolterskluwer.com				
<b>C. SEND ACKNOWLEDGMENT TO: (Name and Address)</b> 32814 - THE <div style="display: flex; justify-content: space-between; align-items: center;"><div style="width: 60%;"><p>Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</p></div><div style="width: 35%; text-align: center;"><p>79716973</p><p>RIRI FIXTURE</p></div></div>				
File with: Secretary of State, RI				
<b>THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY</b>				
<b>1a. INITIAL FINANCING STATEMENT FILE NUMBER</b> 201616341730 4/4/2016 SS RI		<b>1b.</b> <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS <small>From: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13.</small>		
<b>2.</b> <input type="checkbox"/> <b>TERMINATION:</b> Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement				
<b>3.</b> <input type="checkbox"/> <b>ASSIGNMENT</b> (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c, and name of Assignor in item 9 <small>For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8</small>				
<b>4.</b> <input checked="" type="checkbox"/> <b>CONTINUATION:</b> Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law				
<b>5.</b> <input type="checkbox"/> <b>PARTY INFORMATION CHANGE:</b> <div style="display: flex; align-items: center;"><div style="flex: 1;"><small>Check one of these two boxes</small> This Change affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record</div><div style="flex: 2;"><small>AND Check one of these three boxes to</small> <div style="display: flex; justify-content: space-between;"><div><small>CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b and item 7c</small></div><div><small>ADD name. Complete item 7a or 7b, and item 7c</small></div><div><small>DELETE name. Give record name to be deleted in item 6a or 6b</small></div></div></div></div>				
<b>6. CURRENT RECORD INFORMATION:</b> Complete for Party Information Change - provide only one name (6a or 6b)				
<div style="display: flex;"><div style="width: 20px; text-align: center;">OR</div><div style="flex: 1;"><div style="border: 1px solid black; padding: 2px;"><b>6a. ORGANIZATION'S NAME</b> Weekapaug Inn Restaurant, LLC</div><div style="border: 1px solid black; padding: 2px;"><b>6b. INDIVIDUAL'S SURNAME</b></div></div><div style="flex: 1; border: 1px solid black; padding: 2px;"><b>FIRST PERSONAL NAME</b></div><div style="flex: 1; border: 1px solid black; padding: 2px;"><b>ADDITIONAL NAME(S) INITIAL(S)</b></div><div style="flex: 1; border: 1px solid black; padding: 2px;"><b>SUFFIX</b></div></div>				
<b>7. CHANGED OR ADDED INFORMATION:</b> Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact full name, do not omit, modify, or abbreviate any part of the Debtor's name)				
<div style="display: flex;"><div style="width: 20px; text-align: center;">OR</div><div style="flex: 1;"><div style="border: 1px solid black; padding: 2px;"><b>7a. ORGANIZATION'S NAME</b></div><div style="border: 1px solid black; padding: 2px;"><b>7b. INDIVIDUAL'S SURNAME</b></div></div><div style="flex: 1; border: 1px solid black; padding: 2px;"><b>INDIVIDUAL'S FIRST PERSONAL NAME</b></div><div style="flex: 1; border: 1px solid black; padding: 2px;"><b>INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S)</b></div><div style="flex: 1; border: 1px solid black; padding: 2px;"><b>SUFFIX</b></div></div>				
<b>7c. MAILING ADDRESS:</b>				
		<b>CITY</b>	<b>STATE</b>	<b>POSTAL CODE</b>
		<b>COUNTRY</b>		
<b>8.</b> <input type="checkbox"/> <b>COLLATERAL CHANGE</b> Also check one of these four boxes <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral <small>Indicate collateral</small>				
<b>9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:</b> Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) <small>If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor</small>				
<div style="display: flex;"><div style="width: 20px; text-align: center;">OR</div><div style="flex: 1;"><div style="border: 1px solid black; padding: 2px;"><b>9a. ORGANIZATION'S NAME</b> The Washington Trust Company, of Westerly</div><div style="border: 1px solid black; padding: 2px;"><b>9b. INDIVIDUAL'S SURNAME</b></div></div><div style="flex: 1; border: 1px solid black; padding: 2px;"><b>FIRST PERSONAL NAME</b></div><div style="flex: 1; border: 1px solid black; padding: 2px;"><b>ADDITIONAL NAME(S) INITIAL(S)</b></div><div style="flex: 1; border: 1px solid black; padding: 2px;"><b>SUFFIX</b></div></div>				
<b>10. OPTIONAL FILER REFERENCE DATA:</b> Debtor Name: Weekapaug Inn Restaurant, LLC 79716973 JWK 95746070				

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

### FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form

201616341730 4/4/2016 SS RI

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form

12a ORGANIZATION'S NAME

The Washington Trust Company, of Westerly

OR

12b INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

13a ORGANIZATION'S NAME

Weekapaug Inn Restaurant, LLC

OR

13b INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral)

Debtor Name and Address:

Weekapaug Inn Restaurant, LLC - 25 Spray Rock Road , Westerly, RI 02891

Secured Party Name and Address:

The Washington Trust Company, of Westerly - 23 Broad Street , Westerly, RI 02891

15. This FINANCING STATEMENT AMENDMENT

☐ covers timber to be cut ☐ covers as-extracted collateral ☒ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17  
(if Debtor does not have a record interest):

17. Description of real estate

25 Spray Rock Road, Westerly, RI 02891

18. MISCELLANEOUS 75716373-RI-0 32814 - THE WASHINGTON TRUST The Washington Trust Company, of File with: Secretary of State, RI JWK 95746370