

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

| | |
|---|----------------------|
| A NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 | |
| B E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 14383 - BERKSHIRE | |
| Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 | 80503189 RIRI |
| File with: Secretary of State, RI | |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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|---|-------------------------|---|--------------------------------------|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER 201110484690 10/28/2011 SS RI | | 1b <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 | |
| 2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement | | | |
| 3. <input type="checkbox"/> ASSIGNMENT (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 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 | | | |
| 4. <input checked="" type="checkbox"/> CONTINUATION: 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 | | | |
| 5. <input type="checkbox"/> PARTY INFORMATION CHANGE. Check <u>one</u> of these two boxes This Change affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record AND Check <u>one</u> of these three boxes to <input type="checkbox"/> CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b and item 7c. <input type="checkbox"/> ADD name. Complete item 7a or 7b, and item 7c. <input type="checkbox"/> DELETE name. Give record name to be deleted in item 6a or 6b | | | |
| 6. CURRENT RECORD INFORMATION. Complete for Party Information Change - provide only <u>one</u> name (6a or 6b) | | | |
| 6a ORGANIZATION'S NAME MARARIAN COMPLEX, LLC | | | |
| OR | 6b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |
| 7. CHANGED OR ADDED INFORMATION. Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name) | | | |
| 7a ORGANIZATION'S NAME | | | |
| OR | 7b INDIVIDUAL'S SURNAME | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | | | |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX | | | |
| 7c MAILING ADDRESS | | CITY | STATE POSTAL CODE COUNTRY |
| 8. <input type="checkbox"/> COLLATERAL CHANGE Also check <u>one</u> 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 Indicate collateral | | | |

9 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

| | | | |
|--|-------------------------|---------------------|--------------------------------------|
| 9a ORGANIZATION'S NAME SAVINGS INSTITUTE BANK AND TRUST COMPANY | | | |
| OR | 9b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

10. OPTIONAL FILER REFERENCE DATA Debtor Name: MARARIAN COMPLEX, LLC
80503189 9999 AUTO CONTINUATION DEFAULT

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

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

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

12a. ORGANIZATION'S NAME

SAVINGS INSTITUTE BANK AND TRUST COMPANY

OR

12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S) INITIAL(S)

SUFFIX

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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

MARARIAN COMPLEX, 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:

MARARIAN COMPLEX, LLC - P.O. BOX 16332, RUMFORD, RI 02916

Secured Party Name and Address:

SAVINGS INSTITUTE BANK AND TRUST COMPANY - 803 MAIN STREET, WILLIMANTIC, CT 06226

NEWPORT FEDERAL SAVINGS BANK - 100 BELLEVUE AVENUE, P.O. BOX 210, NEWPORT, RI 02840

1) NEWPORT FEDERAL SAVINGS BANK

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