

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT FILER (optional) Sarah Duggan 774-888-6169				
B E-MAIL CONTACT AT FILER (optional) sarah.duggan@bankfive.com				
C SEND ACKNOWLEDGMENT TO (Name and Address) 				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a INITIAL FINANCING STATEMENT FILE NUMBER 202023136780		1b ☐ This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS or attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13		
2 ☒ 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 ☐ 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 ☐ 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 ☐ PARTY INFORMATION CHANGE Check <u>one</u> of these two boxes: ☐ Debtor or ☐ Secured Party of record. AND Check <u>one</u> of these three boxes to: ☐ CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b and item 7c. ☐ ADD name. Complete item 7a or 7b, and item 7c. ☐ DELETE name. Give record name to be deleted in item 5a or 6b.				
6 CURRENT RECORD INFORMATION Complete for Party Information Change - provide only <u>one</u> name (5a or 6b).				
6a ORGANIZATION'S NAME Pranzi Inc.				
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 ☐ COLLATERAL CHANGE Also check <u>one</u> of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral. Indicate collateral:				
9 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT Provide only <u>one</u> 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 Fall River Five Cents Savings Bank				
OR 9b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX				
10 OPTIONAL FILER REFERENCE DATA 902342419				