

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

<b>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> <b>Eneida Bennett, Paralegal (401) 274-2000</b>
<b>B. E-MAIL CONTACT AT FILER (optional)</b> <b>ebennett@hinckleyallen.com</b>
<b>C. SEND ACKNOWLEDGMENT TO (Name and Address)</b>  <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>Eneida Bennett, Paralegal</b>  <b>Hinckley, Allen &amp; Snyder LLP</b>  <b>100 Westminster Street, Suite 1500</b>  <b>Providence, RI 02903</b> </div>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

**1. DEBTOR'S NAME** Provide only one Debtor name (1a or 1b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name). If any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

<b>1a. ORGANIZATION'S NAME</b> <b>Wildfield Properties, LLC</b>				
OR				
<b>1b. INDIVIDUAL'S SURNAME</b>	<b>FIRST PERSONAL NAME</b>	<b>ADDITIONAL NAME(S)/INITIAL(S)</b>		<b>SUFFIX</b>
<b>1c. MAILING ADDRESS</b> <b>24 Minnesota Avenue</b>		<b>CITY</b> <b>Warwick</b>	<b>STATE</b> <b>RI</b>	<b>POSTAL CODE</b> <b>02888</b>
			<b>COUNTRY</b> <b>USA</b>	

**2. DEBTOR'S NAME** Provide only one Debtor name (2a or 2b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name). If any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

<b>2a. ORGANIZATION'S NAME</b>				
OR				
<b>2b. INDIVIDUAL'S SURNAME</b>	<b>FIRST PERSONAL NAME</b>	<b>ADDITIONAL NAME(S)/INITIAL(S)</b>		<b>SUFFIX</b>
<b>2c. MAILING ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>POSTAL CODE</b>
				<b>COUNTRY</b>

**3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY)** Provide only one Secured Party name (3a or 3b)

<b>3a. ORGANIZATION'S NAME</b> <b>MGC LLC</b>				
OR				
<b>3b. INDIVIDUAL'S SURNAME</b>	<b>FIRST PERSONAL NAME</b>	<b>ADDITIONAL NAME(S)/INITIAL(S)</b>		<b>SUFFIX</b>
<b>3c. MAILING ADDRESS</b> <b>119 Hopkins Hill Road</b>		<b>CITY</b> <b>West Greenwich</b>	<b>STATE</b> <b>RI</b>	<b>POSTAL CODE</b> <b>02817</b>
			<b>COUNTRY</b> <b>USA</b>	

**4. COLLATERAL:** This financing statement covers the following collateral

**All of Debtor's equity value in the property located at 24 Minnesota Avenue, Warwick, RI 02888, as more specifically described in that certain Loan Agreement and Promissory Note dated September 11, 2020 by and among Anthony Marandola, Debtor and Secured Party, including all income, proceeds and products relating to such equity.**

<b>5. Check <u>only</u> if applicable and check <u>only</u> one box:</b> Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
<b>6a. Check <u>only</u> if applicable and check <u>only</u> one box:</b> <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	
<b>6b. Check <u>only</u> if applicable and check <u>only</u> one box:</b> <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing	
<b>7. ALTERNATIVE DESIGNATION (if applicable):</b> <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bator <input type="checkbox"/> Licensee/Licensor	

**8. OPTIONAL FILER REFERENCE DATA:**

**To be filed with the RI Secretary of State: 066341/148373**

## UCC FINANCING STATEMENT ADDENDUM

### FOLLOW INSTRUCTIONS

9 NAME OF FIRST DEBTOR Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

9a ORGANIZATION'S NAME

**Wildfield Properties, LLC**

OR

9b INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a ORGANIZATION'S NAME

OR

10b INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME Provide only one name (11a or 11b)

11a ORGANIZATION'S NAME

OR

11b INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral)

13. ☒ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT

☐ covers timber to be cut

☐ covers as-extracted collateral

☒ is filed as a fixture filing

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

**Wildfield Properties, LLC  
24 Minnesota Avenue  
Warwick, RI 02888**

16. Description of real estate

**Real property located at 24 Minnesota Avenue, Warwick, RI 02888.  
Parcel ID 309/0251/0000/ /**

17. MISCELLANEOUS

**To be filed with the RI Secretary of State; 066341/148373**