

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT FILER (optional)				
B E-MAIL CONTACT AT FILER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Rhode Island Housing Mortgage and Finance Corporation 44 Washington Street Providence, RI 02903 Attn: Legal Department</div>				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a. INITIAL FINANCING STATEMENT FILE NUMBER <b>#201110600360</b>			1b <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> 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, <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9 For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected collateral in item 8				
4 <input 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 checked="" type="checkbox"/> PARTY INFORMATION CHANGE Check <u>one</u> of these two boxes <span style="margin-left: 100px;">AND Check <u>one</u> of these three boxes to</span> This Change affects <input checked="" type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record <span style="margin-left: 20px;"><input checked="" type="checkbox"/> CHANGE name and/or address. Complete item 6a or 6b, <u>and</u> item 7a or 7b <u>and</u> item 7c</span> <span style="margin-left: 20px;"><input type="checkbox"/> ADD name. Complete item 7a or 7b, <u>and</u> item 7c</span> <span style="margin-left: 20px;"><input type="checkbox"/> DELETE name. Give record name to be deleted in item 6a or 6b</span>				
6. CURRENT RECORD INFORMATION. Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)				
6a ORGANIZATION'S NAME <b>Village Woonsocket Limited Partnership</b>				
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 <b>Village Woonsocket Limited Partnership</b>				
OR 7b INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				
SUFFIX				
7c MAILING ADDRESS				
182 Cumberland Street				
CITY <b>Woonsocket</b>				
STATE <b>RI</b>				
POSTAL CODE <b>02895</b>				
COUNTRY <b>USA</b>				
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 <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 <input type="checkbox"/> and provide name of authorizing Debtor				
9a ORGANIZATION'S NAME <b>Rhode Island Housing and Mortgage Finance Corporation</b>				
OR 9b INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)				
SUFFIX				
10 OPTIONAL FILER REFERENCE DATA <b>RIH# 4081101097</b>				