

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) 32814 - THE <div style="display: flex; justify-content: space-between; align-items: flex-start; padding: 10px;"><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>83551319</p><p>RIRI</p></div></div>				
File with: Secretary of State, RI				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a INITIAL FINANCING STATEMENT FILE NUMBER 201616441430 4/28/2016 SS RI		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) 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 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: <input checked="" type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record AND Check <u>one</u> of these three boxes to: This Change affects: <input checked="" 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)				
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">6a ORGANIZATION'S NAME Edward Rowse Architects, Incorporated</div><div style="width: 40%;">6b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX </div></div>				
7 CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Change - provide only <u>one</u> name: (7a or 7b) Give exact full name, do not omit, modify, or abbreviate any part of the Debtor's name:				
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">7a ORGANIZATION'S NAME ROWSE ARCHITECTS, INCORPORATED</div><div style="width: 40%;">7b INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX </div></div>				
7c MAILING ADDRESS <div style="display: flex; justify-content: space-between; align-items: flex-start; padding: 10px;"><div style="width: 40%;">400 Massasoit Avenue, Units 205, 206, 207, 208</div><div style="width: 20%; text-align: center;">East Providence</div><div style="width: 10%; text-align: center;">RI</div><div style="width: 15%; text-align: center;">02914</div><div style="width: 15%; text-align: center;">USA</div></div>				
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: All inventory, equipment, accounts (including but not limited to all health-care-insurance receivables), chattel paper, instruments (including but not limited to all promissory notes), letter-of-credit rights, letters of credit, documents, deposit accounts, investment property, money, other rights to payment & performance, and general intangibles (including but not limited to all software and all payment intangibles); all oil, gas & other minerals before extraction; all oil, gas, other minerals & accounts constituting as-extracted collateral; all fixtures; all timber to be cut; all attachments, accessions, accessories, fittings, increases, tools, parts, repairs, supplies, & commingled goods relating to the foregoing property; & all additions, replacements of and substitutions for all or any part of the foregoing property; all insurance refunds relating to the foregoing property; all good will relating to the foregoing property; all records & data and embedded software relating to the foregoing property, and all equipment, inventory and software to utilize, create, maintain and process any such records & data on electronic media; & all supporting obligations relating to the foregoing property; all whether now				
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:				
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">9a ORGANIZATION'S NAME The Washington Trust Company, of Westerly</div><div style="width: 40%;">9b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX </div></div>				
10. OPTIONAL FILER REFERENCE DATA Debtor Name: ROWSE ARCHITECTS, INCORPORATED 83551319 JWK 95762070				

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

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 *3). 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

Edward Rowse Architects, Incorporated

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:

ROWSE ARCHITECTS, INCORPORATED - 400 Massasoit Avenue, Units 205, 206, 207, 208, East Providence, RI 02914

Secured Party Name and Address:

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

existing or hereafter arising, whether now owned or hereafter acquired or whether now or hereafter subject to any rights in the foregoing property, & all products and proceeds (including but not limited to all insurance payments) of or relating to the foregoing property.

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

18. MISCELLANEOUS 63551319-RI-0 32814 - THE WASHINGTON TRUST The Washington Trust Company of File with: Secretary of State, RI JWK 9/5/2010