	C FINANCING STATEMENT AME LOW INSTRUCTIONS	NDMENT							
	IAME & PHONE OF CONTACT AT FILER (optional) me Wolters Kluwer Lien Solutions Phone 800-3:	31-3282 Fax. 8	18-662-4141						
B. F	-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com								
C S	FND ACKNOWLEDGMENT TO: (Name and Address)	20296 - MAC	TOOLS	1					
٢	ien Solutions 84130100								
'	P.O. Box 29071 Glendale, CA 91209-9071	RIRI	.00						
	Gendale, GA 31203-3071	LYILYI							
L	File with: Secretary of State	e, RI		THE ABO	OVE SPAC	CE IS FO	R FILIN	G OFFICE US	SE ONLY
	NITIAL FINANCING STATEMENT FILE NUMBER		ļ1 !	This FINANCIN				is to be filed [fo	or record]
_	819806090 6/20/2018 SS RI			Filer <u>affach</u> Ami	endment Addi	endum (Fox	m UCC3Ad)	and provide Debt	or's name in item 13
2 _	TERMINATION: Effectiveness of the Financing Statement Statement	icentified above is	s terminated with r	espect to the secunty	r interest(s)	of Secure	id Party au	ithorizing this 1∢	noilenimi
3. [ASSIGNMENT (full or partial). Provide name of Assignee if For partial assignment, complete items 7 and 9 <u>and</u> also i			ignee in item 7c and	name of As	signor in	item 9		
4 [CONTINUATION Effectiveness of the Financing Statemer continued for the additional period provided by applicable		with respect to th	e security interest(s)	of Secured	Party auth	ronzing thi	s Continuation S	Statement is
5 🔀	PARTY INFORMATION CHANGE								- -
	neck <u>one</u> of these two boxes		of these three boxe SE name and/or ad		, ADD nami	e Comole	te item	DELETE name	Give record name
	rs Change affects Debtor or Secured Party of record		GE name and/or ad or 65, and item 7a	<u></u> -	7a or 7b.			to be deleted in	
6. CL	JRRENT RECORD INFORMATION Complete for Party Info 6a ORGANIZATION'S NAME	rmation Change -	provide only one i	name (6a or 6b)					
OR									
	Shields		FIRST PERSONAL Brian	NAME BMAN			NAL NAME(Symitial(S)	SUFFIX
7 CI	TANGED OR ADDED INFORMATION: Complete for Assignment	name (7a or 7b). (use exact full name, do not omit, modify, or abbreviate any part of the Debtor					re Deblor's name:		
	7a ORGANIZATIONS NAME Tool Time RI, Inc.								
ок	INDIVIDUAL'S SURNAME								
ļ									
INDIVIDUAL'S FIRST PERSONAL NAME									
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/c A	RZERCCA DRIJAN		CITY			STATE	POSTAL (CODE	COUNTRY
18	Cortland Ln		Greenville			RI	02828		USA
3 ∟	COLLATERAL CHANGE Also check one of these fou	r boxes ADD	collateral _	DELETE collateral	[_]R	ESTATE	covered co	ollateral []	ASSIGN collateral
	Indicate collatera!								
	AME OF SECURED PARTY OF RECORD AUTHOR this is an Ameridment authorized by a DEBTOR, check here	.== .	ENDMENT Providence of authorizing		a or 9b) (na	ime of Ass	signor, if th	is is an Assignm	ent)
	9a ORGANIZATION'S NAME				21011				
OR	STANLEY INDUSTRIAL & AUTOMOTIVE	, LLC THROL			OIUN	I		CONT. (TIA.: : 0.)	Tenesis
	SO HADATOWIE S SOKNIEME		FIRST PERSONAL	NAME		IOITICUA	VAL NAME(SYINITIAL(S)	SUFFIX
10 C	PTIONAL FILER REFERENCE DATA Debtor Name: 1	Tool Time RL Ir	1 1C			I			_1
	30100 190638						Brian M	Shields	

RI SOS Filing Number: 202126129670 Date: 12/30/2021 11:53:00 AM

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER. Same as item 1a on Amendment form. 201819806090 6/20/2018 SS RI 12 NAME OF PARTY AUTHORIZING THIS AMENDMENT. Same as item 9 on Amendment form 12a ORGANIZATION'S NAME STANLEY INDUSTRIAL & AUTOMOTIVE, LLC THROUGH ITS MAC **TOOLS DIVISION** OR 12b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) 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 fling 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. 130 CRGANIZATION'S NAME OR SUFFIX 136 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME (S)JAITINKS) BMA/ JANGITICUA Shields М Brian 14 ADDITIONAL SPACE FOR ITEM 8 (Collateral) Debtor Name and Address: Tool Time RI, Inc. - 18 Cortland Ln., Greenville, RI 02828 Secured Party Name and Address: STANLEY INDUSTRIAL & AUTOMOTIVE, LLC THROUGH ITS MAC TOOLS DIVISION - 505 N Cleveland Ave , Westerville, OH 43082 15. This FINANCING STATEMENT AMENDMENT 17. Description of real estate. covers timber to be cut. covers as extracted collateral. s filed as a fixture fling 16 Name and address of a RECORD OWNER of real estate described in item 17 (if Deblor does not have a record interest)

190638 Brian M Shields

STANLEY INDUSTRIAL &

Fire with: Secretary of State, RI.

18. MISCELLANEOUS 84130100-RHC 20296 - MAC TOOLS DIVISION O