RI SOS Filing Number: 202226258360 Date: 1/26/2022 3:39:00 PM 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) Rhode Island Housing Mortgage and Finance Corporation 44 Washington Street Providence, RI 02903 Attn: Legal Department THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INITIAL FINANCING STATEMENT FILE NUMBER 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS #200704600690 Filter: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 TERMINATION. Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination 3. ASSIGNMENT (full or partial). Provide name of Assignee in Item 7e 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 AND Check one of these three boxes to. Creck one of these two boxes ADD name. Complete item. /a or 7b, and item./c CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b and item 7c DELETE name: Give record name to be deleted in item 6a or 6b This Change effects Deptor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME Riverside Village L.P. 66 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFFIX 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only gog 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 76 INDIVIDUAL'S SURNAME IND:V-DUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME (S) INITIAL (S) SUFFIX 7c. MAILING ADDRESS CITY STATE POSTAL CODE CÖUNTRY 8. COLLATERAL CHANGE. Also check one of these four boxes: ADD collateral DELETE colleteral RESTATE covered collateral ASSIGN collateral indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one 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 Rhode Island Housing and Mortgage Finance Corporation 96 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S) INITIAL(S) SUFF!X 10. OPTIONAL FILER REFERENCE DATA RIH# 4010000813