

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT FILER (optional) Sarah Duggan 774-888-6169				
B E-MAIL CONTACT AT FILER (optional) sarah.duggan@bankfive.com				
C SEND ACKNOWLEDGMENT TO (Name and Address) 				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a INITIAL FINANCING STATEMENT FILE NUMBER 202023596980			1b ☐ 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 ☒ 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 ☐ 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 ☐ 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 Check <u>one</u> of these two boxes: ☐ Debtor <u>or</u> ☐ Secured Party of record AND Check <u>one</u> of these three boxes to: This Change affects ☐ CHANGE name and/or address Complete item 6a or 6b, <u>and</u> item 7a or 7b <u>and</u> item 7c ☐ ADD name Complete item 7a or 7b, <u>and</u> item 7c ☐ 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)				
6a ORGANIZATION'S NAME				
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				
OR				
7b INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c MAILING ADDRESS		CITY	STATE	POSTAL CODE
COUNTRY				
8 ☐ COLLATERAL CHANGE Also check <u>one</u> of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ 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 ☐ and provide name of authorizing Debtor				
9a ORGANIZATION'S NAME Fall River Five Cents Savings Bank				
OR				
9b INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10 OPTIONAL FILER REFERENCE DATA 902368944				