

## 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) 9555 - DEXTER	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	84576350  RIRI
File with: Secretary of State, RI	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILE NUMBER

202124860700 5/17/2021 SS RI

1b ☐ This FINANCING STATEMENT AMENDMENT is to be filed (for record)  
(or recorded) in the REAL ESTATE RECORDS

Filer: attach Amendment Addendum (Form UCC3Ad) and 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 Statement3 ☐ 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 84 ☐ 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 law5 ☐ PARTY INFORMATION CHANGE

Check one of these two boxes

AND Check one of these three boxes to

This Change affects ☐ Debtor or ☐ Secured Party of record☐ CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b and item 7c☐ ADD name. Complete item 7a or 7b, and 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 one 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 one 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 one of these four boxes ☒ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral

Indicate collateral

All of Debtor's equipment described on the attached "Schedule A" and any and all substitutions, replacements, proceeds, accounts, or general intangibles arising therefrom or related thereto at

196 Stanwood St, Providence, RI 02907. See Attached "Schedule A".

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

DEXTER FINANCIAL SERVICES, INC.

OR  
9b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S) INITIAL(S) SUFFIX

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: ONE STOP LAUNDRY INC

84576350

DFS

104941-SP1

# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form  
202124860700 5/17/2021 SS RI

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form

OR	12a ORGANIZATION'S NAME DEXTER FINANCIAL SERVICES, INC.	
	12b INDIVIDUAL'S SURNAME	
	FIRST PERSONAL NAME	
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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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 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

OR	13a ORGANIZATION'S NAME ONE STOP LAUNDRY INC			
	13b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral)

Debtor Name and Address:

ONE STOP LAUNDRY INC - 162 BROAD STREET, PAWTUCKET, RI 02860

Secured Party Name and Address:

DEXTER FINANCIAL SERVICES, INC. - P.O. BOX 5368, CEDAR RAPIDS, IA 52406

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.

SCHEDULE A

**One Stop Laundry Inc**

Promissory Note Contract Number 104941-SP1

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**Equipment Located at:** 196 Stanwood Street  
Providence, RI 02907

<u>Qty</u>	<u>Description of Equipment/Serial #</u>
1	Dexter 80 lb. Washer -C Series WC1200XB-12EC4X-SSKCS-USA Serial Numbers: W1.21328.003
5	Bases
1	Dexter Live Location Kit and Washer Kit (5)
2	Dexter 40 lb. Washer-C Series WC0600XB-12EC4X-SSKCS-USA Serial Numbers: W1.21273.051,W1.21273.052