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) **NEWPORT BIODIESEL, INC** 312 Connell Highway Newport, RI 02840 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 201717542540 Filer: attact: 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 3 🔲 ASSIGNMENT (full or partial) - Provide name of Assignee .n item 7a or 7b. and address of Assignee in item 7c and name of Assigner in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 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 Check one of these two baxes CHANGE name and/or address. Complete tem 6a or 6b, and item 7a or 7b and item 7c. ADD name Complete item DELETE name Give record na 7a or 7b, and item 7c. Dischedeleted in item 6a or 6b This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only god name (6a or 6b) 68 ORGANIZATIONS NAME NEWPORT BIODIESEL, INC SUFFIX 66 IND VIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only give name (Faior 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Dector's name) 7a ORGANIZATION'S NAME OR 76 IND VIDUAL'S SURNAME IND VIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ACDITIONAL NAME(S)/INITIAL(S) 7c MAILING ADDRESS STATE POSTAL CODE COUNTRY 8 COLLATERAL CHANGE. Also check one of these four boxes ADD collateral DELETE collateral RESTATE covered collateral ASS GN co ateral Indicate collateral 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9e 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 Webster Bank, N.A. OR SURNAME FIRST PERSONAL NAME ADDITIONAL NAVE(S)/IN TIAL(S) SUFFIX 10. OPTIONAL FILER REFERENCE DATA

RI SOS Filing Number: 202226415880 Date: 2/25/2022 1:21:00 PM

Loan # 4750619189