

UCC-1 Form

FILER INFORMATION

Full name: **JASON R. MARINELLI ESQ.**

Email Contact at Filer: **TITLEORDERS@PMLAWPC.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **PARNAGIAN & MARINELLI PC**

Mailing Address: **2181 A POST ROAD**

City, State Zip Country: **WARWICK, RI 02886 USA**

DEBTOR INFORMATION

Org. Name: **EPLRI HOLDINGS, LLC**

Mailing Address: **2095 ELMWOOD AVENUE**

City, State Zip Country: **WARWICK, RI 02888 USA**

SECURED PARTY INFORMATION

Org. Name: **WEBSTER BANK, N.A.**

Mailing Address: **145 BANK STREET**

City, State Zip Country: **WATERBURY, CT 06702 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 22-096

COLLATERAL

SEE ATTACHED EXHIBIT A

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Jason Marinelli
B. E-MAIL CONTACT AT FILER (optional) jrm@pmlawpc.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Jason Marinelli Esquire Parnagian & Marinelli, PC 2181 A Post Road Warwick, Rhode Island

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME EPLRI Holdings, LLC				
OR				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS 2095 Elmwood Avenue		CITY Warwick	STATE RI	POSTAL CODE 02888
			COUNTRY USA	

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME Webster Bank, NA				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS 145 Bank Street		CITY Waterbury	STATE CT	POSTAL CODE 06702
			COUNTRY USA	

4. COLLATERAL: This financing statement covers the following collateral:

See Rider attached hereto and incorporated by reference.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer

☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

To Be Filed With The Rhode Island Secretary Of State and the Land Evidence Records of the Town of Warwick

Instructions for UCC Financing Statement (Form UCC1)

Please type or laser-print this form. Be sure it is completely legible. Read and follow all Instructions, especially Instruction 1; use of the correct name for the Debtor is crucial.

Fill in form very carefully; mistakes may have important legal consequences. If you have questions, consult your attorney. The filing office cannot give legal advice.

Send completed form and any attachments to the filing office, with the required fee.

ITEM INSTRUCTIONS

A and B. To assist filing offices that might wish to communicate with filer, filer may provide information in item A and item B. These items are optional.

C. Complete item C if filer desires an acknowledgment sent to them. If filing in a filing office that returns an acknowledgment copy furnished by filer, present simultaneously with this form the Acknowledgment Copy or a carbon or other copy of this form for use as an acknowledgment copy.

1. **Debtor's name.** Carefully review applicable statutory guidance about providing the debtor's name. Enter only one Debtor name in item 1 -- either an organization's name (1a) or an individual's name (1b). If any part of the Individual Debtor's name will not fit in line 1b, check the box in item 1, leave all of item 1 blank, check the box in item 9 of the Financing Statement Addendum (Form UCC1Ad) and enter the Individual Debtor name in item 10 of the Financing Statement Addendum (Form UCC1Ad). Enter Debtor's correct name. Do not abbreviate words that are not already abbreviated in the Debtor's name. If a portion of the Debtor's name consists of only an initial or an abbreviation rather than a full word, enter only the abbreviation or the initial. If the collateral is held in a trust and the Debtor name is the name of the trust, enter trust name in the Organization's Name box in item 1a.

1a. **Organization Debtor Name.** "Organization Name" means the name of an entity that is not a natural person. A sole proprietorship is **not** an organization, even if the individual proprietor does business under a trade name. If Debtor is a registered organization (e.g., corporation, limited partnership, limited liability company), it is advisable to examine Debtor's current filed public organic records to determine Debtor's correct name. Trade name is insufficient. If a corporate ending (e.g., corporation, limited partnership, limited liability company) is part of the Debtor's name, it must be included. Do not use words that are not part of the Debtor's name.

1b. **Individual Debtor Name.** "Individual Name" means the name of a natural person; this includes the name of an individual doing business as a sole proprietorship, whether or not operating under a trade name. The term includes the name of a decedent where collateral is being administered by a personal representative of the decedent. The term does not include the name of an entity, even if it contains, as part of the entity's name, the name of an individual. Prefixes (e.g., Mr., Mrs., Ms.) and titles (e.g., M.D.) are generally not part of an individual name. Indications of lineage (e.g., Jr., Sr., III) generally are not part of the individual's name, but may be entered in the Suffix box. Enter individual Debtor's surname (family name) in Individual's Surname box, first personal name in First Personal Name box, and all additional names in Additional Name(s)/Initial(s) box.

If a Debtor's name consists of only a single word, enter that word in Individual's Surname box and leave other boxes blank.

For both organization and individual Debtors. Do not use Debtor's trade name, DBA, AKA, FKA, division name, etc. in place of or combined with Debtor's correct name; filer may add such other names as additional Debtors if desired (but this is neither required nor recommended).

1c. Enter a mailing address for the Debtor named in item 1a or 1b.

2. **Additional Debtor's name.** If an additional Debtor is included, complete Item 2, determined and formatted per Instruction 1. For additional Debtors, attach either Addendum (Form UCC1Ad) or Additional Party (Form UCC1AP) and follow Instruction 1 for determining and formatting additional names.

3. **Secured Party's name.** Enter name and mailing address for Secured Party or Assignee who will be the Secured Party of record. For additional Secured Parties, attach either Addendum (Form UCC1Ad) or Additional Party (Form UCC1AP). If there has been a full assignment of the initial Secured Party's right to be Secured Party of record before filing this form, either (1) enter Assignor Secured Party's name and mailing address in item 3 of this form and file an Amendment (Form UCC3) [see item 5 of that form]; or (2) enter Assignee's name and mailing address in item 3 of this form and, if desired, also attach Addendum (Form UCC1Ad) giving Assignor Secured Party's name and mailing address in item 11.

4. **Collateral.** Use item 4 to indicate the collateral covered by this financing statement. If space in item 4 is insufficient, continue the collateral description in item 12 of the Addendum (Form UCC1Ad) or attach additional page(s) and incorporate by reference in item 12 (e.g., See Exhibit A). Do not include social security numbers or other personally identifiable information.

Note: If this financing statement covers timber to be cut, covers as-extracted collateral, and/or is filed as a fixture filing, attach Addendum (Form UCC1Ad) and complete the required information in items 13, 14, 15, and 16.

5. If collateral is held in a trust or being administered by a decedent's personal representative, check the appropriate box in item 5. If more than one Debtor has an interest in the described collateral and the check box does not apply to the interest of all Debtors, the filer should consider filing a separate Financing Statement (Form UCC1) for each Debtor.

6a. If this financing statement relates to a Public-Finance Transaction, Manufactured-Home Transaction, or a Debtor is a Transmitting Utility, check the appropriate box in item 6a. If a Debtor is a Transmitting Utility and the initial financing statement is filed in connection with a Public-Finance Transaction or Manufactured-Home Transaction, check only that a Debtor is a Transmitting Utility.

6b. If this is an Agricultural Lien (as defined in applicable state's enactment of the Uniform Commercial Code) or if this is not a UCC security interest filing (e.g., a tax lien, judgment lien, etc.), check the appropriate box in item 6b and attach any other items required under other law.

7. **Alternative Designation.** If filer desires (at filer's option) to use the designations lessee and lessor, consignee and consignor, seller and buyer (such as in the case of the sale of a payment intangible, promissory note, account or chattel paper), bailee and bailor, or licensee and licensor instead of Debtor and Secured Party, check the appropriate box in item 7.

8. **Optional Filer Reference Data.** This item is optional and is for filer's use only. For filer's convenience of reference, filer may enter in item 8 any identifying information that filer may find useful. Do not include social security numbers or other personally identifiable information.

SECURED PARTY: Webster Bank, NA (LENDER)

DEBTOR: EPLRI Holdings, LLC

RIDER TO FINANCING STATEMENT
(State of Rhode Island)

The Financing Statement covers the following types or items of property, whether now owned or hereafter acquired:

- (a) All furniture, fixtures, vehicles, machinery, equipment, tools, accessories, supplies, accounts receivable, and other materials, goods and items of every type, nature or description, and any and all additions, accessions, substitutions thereto or therefor, which may, at any time be installed within or placed in, at, upon or within, or used or useful in the operation, maintenance, repair and occupation of the land and/or buildings and improvements at the premises located at 2099 Elmwood Avenue, Warwick, RI 02888 and 0 Harrington Avenue, Warwick RI 02888 more particularly described in Exhibit "A" hereto (the "Premises") or any portion or unit thereof;
- (b) All leases, tenancies and occupancies, whether written or not, regarding all or any portion of the foregoing, all guaranties and security relating thereto, together with all income and profit arising therefrom or from the Premises or any of the foregoing, and all payments due or to become due thereunder including, without limitation, all rent, additional rent, damages, insurance payments, taxes, insurance proceeds, condemnation awards, or any payments with respect to options contained therein (including any purchase option);
- (c) Any other property of **EPLRI Holdings, LLC** (the "Debtor") in which the Secured Party may in the future be granted an interest;
- (d) Any and all licenses and permits presently or hereafter owned by the Debtor with respect to the Premises;
- (e) All funds held by the Debtor as tax or insurance escrow payments with respect to the Premises;
- (f) All proceeds received from the sale, exchange, collection or other disposition of any property located in the Premises or any of the foregoing, including, without limitation, equipment, inventory, goods, documents, securities, accounts, chattel paper and general intangibles; all insurance proceeds relating to all or any portion of the foregoing; and all awards, damages, proceeds or refunds from any state, local, federal or

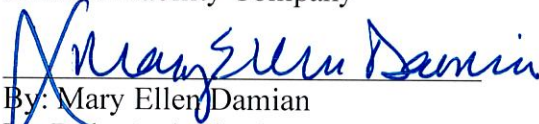
other takings of, and all municipal tax abatements relating to, all or any portion of the foregoing; and

- (g) All rights, remedies and privileges pertaining to any of the foregoing.

Entered into as a sealed instrument as of the 28th day of March, 2022

BORROWER:

EPLRI Holdings, LLC a Rhode Island
Limited Liability Company



By: Mary Ellen Damian

Its: Duly Authorized Member

STATE OF RHODE ISLAND
COUNTY OF Hartford

On this 28th day of March, 2022, before me, the undersigned notary public, personally appeared Mary Ellen Damian as Duly Authorized Member of EPLRI Holdings, LLC a Rhode Island Limited Liability Company and proved to me through ☐ physical presence or ☐ online notarization and has produced satisfactory evidence of identification, ☒ Driver's License or other state or federal governmental document bearing a photographic image(s), ☐ oath or affirmation of a credible witness known to me who knows the above signatory(ies), ☐ or my own personal knowledge of the identity of the signatory(ies), to be the person(s) whose name(s) is/are signed on the preceding or attached document, and duly acknowledged to me that he/she/they voluntarily executed the same on behalf of EPLRI Holdings, LLC for the purposes stated therein, as his/her/their free act and the free act and deed of EPLRI Holdings, LLC who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her/their knowledge and belief.


Notary Public:

My Commission Expires:

JASON R. MARINELLI
Notary Public, State of Rhode Island
My Commission Expires Oct. 25, 2025