

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) KEVIN P HAGERTY DMD PROFESSIONAL CORPORATION 61 CEDAR AVE #5 EAST GREENWICH RI 02818				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201717827250			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 Statement				
3. ☐ 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 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 one of these two boxes: ☐ Debtor or ☐ Secured Party of record AND Check one of these three boxes to: ☐ CHANGE name and/or address. Complete item 6a or 6c, 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 KEVIN P HAGERTY DMD PROFESSIONAL CORPORATION 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				
9. NAME OF SECURED PARTY or 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 Webster Bank, N.A. OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX				
10. OPTIONAL FILER REFERENCE DATA Loan # 4750637598				