

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) 14383 - BERKSHIRE <div style="display: flex; justify-content: space-between; align-items: flex-start; padding: 10px;"><div style="width: 45%; border: 1px solid black; padding: 5px;">Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div style="width: 45%; border: 1px solid black; padding: 5px; text-align: center;">86529881 RIRI</div></div> | | | | |
| File with: Secretary of State, RI | | | THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY | |

1a. INITIAL FINANCING STATEMENT FILE NUMBER
200907859020 9/14/2009 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 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 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 H. REARDON, LLC | | | |
| 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 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 SAVINGS INSTITUTE BANK AND TRUST COMPANY | | | |
| OR 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

10. **OPTIONAL FILER REFERENCE DATA** Debtor Name: H. REARDON, LLC
86529881 4225-ABL-EASTERN CT/RI 730253953

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

| | |
|---|--------------------------------------|
| 11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form 200907859020 9/14/2009 SS RI | |
| 12 NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form | |
| 12a ORGANIZATION'S NAME SAVINGS INSTITUTE BANK AND TRUST COMPANY | |
| OR | 12b INDIVIDUAL'S SURNAME |
| | FIRST PERSONAL NAME |
| | ADDITIONAL NAME(S) INITIAL(S) SUFFIX |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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 H. REARDON, LLC | | | |
| | 13b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S) INITIAL(S) | SUFFIX |

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral)

Debtor Name and Address:

H. REARDON, LLC - 55 BLUEBERRY LANE , JAMESTOWN, RI 02835

Secured Party Name and Address:

SAVINGS INSTITUTE BANK AND TRUST COMPANY - 803 MAIN STREET , WILLIMANTIC, CT 06226

BERKSHIRE BANK - 803 MAIN STREET , WILLIMANTIC, CT 06226

NEWPORT FEDERAL SAVINGS BANK - 100 BELLEVUE AVENUE, P.O. BOX 210 , NEWPORT, RI 02840

1) BERKSHIRE BANK

2) NEWPORT FEDERAL SAVINGS BANK

15 This FINANCING STATEMENT AMENDMENT
☐ covers timber to be cut ☐ covers as extracted collateral ☐ is filed as a fixture filing

17. Description of real estate

16 Name and address of a RECORD OWNER of real estate described in item 17
(if Debtor does not have a record interest)