

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)

Debora M. D'Alessandro, Esq.
628 George Washington Highway
Lincoln, RI 02865

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER
RI SOS 201717856610

1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (for a UCC3 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
NEIGHBORHOOD PROPERTY MANAGEMENT, 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

57 LAKESIDE DRIVE	CITY SMITHFIELD	STATE RI	POSTAL CODE 02917	COUNTRY USA
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8. **COLLATERAL CHANGE** Also check one of these four boxes: ADD collateral DELETE collateral RI STATE 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
PAWTUCKET CREDIT UNION

OR

9b. INDIVIDUAL'S SURNAME: _____ FIRST PERSONAL NAME: _____ ADDITIONAL NAME(S) (INITIAL(S)): _____ SUFFIX: _____

10. OPTIONAL, FILER REFERENCE DATA
TO BE FILED WITH THE STATE OF RHODE ISLAND