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2 □ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security inforcists) of Secured Party authorizing this Termination  3. □ ASSIGNMENT (full or partial). Provide name of Assignee in item 7a or 7b, and address of Assigner in item 8  4. □ CONTINUATION Effectiveness of the Financing Statement identified above with respect to the security inforcists) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.  5. ☒ PARTY INFORMATION CHANGE Check any of these time boxes to Change affects □ Debtor or ☒ Secured Party of record □ Mile financing Statement is or 6b and seen face or 7b a	RI SOS Filing Number: 202227255	890 Da	te: 7/20/2022 8:40	):00 AM	
A NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolter's Kluwer Lien Solutions Phone 800-331-3282 Fax. 818-662-4141  B E-MAIL CONTACT AT FILER (optional) uccfillingerter(@wolter'skluwer com  C. SEND ACKNOWLEDGMENT TO (Name and Address) 53300 - Wells Fargo  Lien Solutions P.O. Box 29071  RIRI  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  File with: Secretary of State, RI  In Inditial Financino STATEMENT FILE NUMBER  AND PRINCIPLOS STATEMENT FILE NUMBER  In Inditial Financino STATEMENT FILE NUMBER  Inditial Financino STAT			_		
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P.O. Box 29071 Glendale, CA 91209-9071  RIRI    File with: Secretary of State, RI	C. SEND ACKNOWLEDGMENT TO: (Name and Address) 53300 - Wells	s Farqo	]		
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3. ASSIGNMENT (full or partial) Provide name of Assignee in item 7a or 7b, and address of Assignition in item 7c and name of Assignor in item 9  For partial assignment, complete items 7 and 9 and also indicate affected colateral 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. ARTY INFORMATION CHANGE  Chick and of those two boxes  This Change affects   Debtor or Secured Party of record   Management and or address   Complete   ADD name   Complete item   DELETE name   Give record name that 6 in 65 and seen favor 7 to	TERMINATION: Effectiveness of the Financing Statement identified above is Statement	is terminated with			
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Secured for the additional period provided by applicable law    Secured Party Information Change   Debtor or Secured Party of record   Miles and so and rem? Face? To and rem?   To and	For partial assignment, complete items 7 and 9 and also indicate affected of	collateral in item 8			
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66 INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  7. CHANGED OR ADDED INFORMATION Compete for Assignment or Party Information Change - provide unity 522 name (7a or 7b) (use mast, furtherme, so not omet, modify, or abbreviate any part of the Debtor's name)  7a. ORGANIZATION'S NAME  WELLS FARGO BANK, NATIONAL ASSOCIATION, AS AGENT, SUCCESSOR BY MERGER TO WACHOVIA BANK, NATIONAL ASSOCIATION, AS AGENT  7b. INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FORST PERSONAL NAME  100 INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)  SUFFIX  CITY  BOSTOL  MA 02110  USA	LASSOCIATION, AS AGENT	S AGENT, S	UCCESSOR BY MERG	ER TO WACHOVIA BAI	NK, NATIONAL
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To MAILING ADDRESS  CITY  STATE POSTAL CODE COUNTRY  125 High Street, 11th Floor  Boston  MA 02110  USA	73 ORGANIZATION'S NAME WELLS FARGO BANK, NATIONAL ASSOCIATION, AS ASSOCIATION, AS AGENT		· · · · · · · · · · · · · · · · · · ·		
To MAILING ADDRESS  CITY  STATE POSTAL CODE COUNTRY  125 High Street, 11th Floor  Boston  MA 02110  USA					
7c MARLING ADDRESS CITY STATE POSTAL COOF COUNTRY 125 High Street, 11th Floor Boston MA 02110 USA	INDIVIDUAL'S FIRST PERSONAL NAME			· .	
7c MARLING ADDRESS CITY STATE POSTAL COOF COUNTRY 125 High Street, 11th Floor Boston MA 02110 USA	INDIVIDUALS AD DITIONAL NAME (SYMITTALIS)		<del></del>		Louise
125 High Street, 11th Floor Boston MA 02110 USA					SUFFIX
125 High Street, 11th Floor Boston MA 02110 USA	7c MAILING ADDRESS	Tary	<del>_</del>	ISTATE I POSTAL CODE	COUNTRY
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PLI COLLATERAL CHANGE Also check one of those four boxes ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral		<del>* .</del>	1 (1	<del>*                                    </del>	<del></del>
	8. [ ] COLLATERAL CHANGE <u>Also</u> check one of these four boxes	D collateral	_ DELETE collateral   R	ESTATE covered collateral	ASSIGN collateral
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	A NAME OF SECURED PARTY DECORD AUTOMATICATION		<u> </u>	<del>-</del>	
A MANUS OF SECURED BARTY DECORD MIZE OF THE MANUEL TO A MANUS OF SECURED BARTY				ame of Assignor, if this is an Assig	nment)
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 sheets here	9a ORGANIZATION'S NAME		<u> </u>		
If this is an Ameridinent authorized by a DEBTOR, check here and provide name of authorizing Debtor	WELLS FARGO BANK, NATIONAL ASSOCIATION, AS	S AGENT, SI	JCCESSOR BY MERGI	ER TO WACHOVIA BAI	NK. NATIONAL
If this is an Ameridinent authorized by a DEBTOR, check here and provide name of authorizing Debtor  Sa ORGANIZATIONS NAME  WELLS FARGO BANK, NATIONAL ASSOCIATION, AS AGENT, SUCCESSOR BY MERGER TO WACHOVIA BANK, NATIONAL	OR 95 INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAM'E	ADDITIONAL NAME(SYNITIAL(S)	SUFFIX
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OR PRINCE OF THE STANDARD PRODUCT OF THE STANDARD PROD	87708717	: JEWELRY, I	NC.		

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS				
11. INITIAL FINANCING STATEMENT FILE NUMBER. Same as item 1a on Amer 200907631950 6/30/2009 SS RI	ndment form			
12 NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as dem 9 or A	imendment form			
123 ORGANIZATIONS NAME WELLS FARGO BANK, NATIONAL ASSOCIATION, A SUCCESSOR BY MERGER TO WACHOVIA BANK, N	S AGENT.			
ASSOCIATION, AS AGENT				
OR 126 INDIVIDUAL'S SURNAME	·	_		
FIRST PERSONAL NAME				
ADDITIONAL NAME(SYNITIAL(S)	SUFF			
13. Name of DEBTOR on related financing statement (Name of a current Debtor of	of record required for	indexing purposes only in	VE SPACE IS FOR FILING OFFICE US some filing offices - see Instruction iter	
one Debtor name (13a or 13b) (use exact, full name, do not omit, modify, or a 13a (XIGANIZATION'S NAME	abbreviate any part o	the Debtor's name), see I	estructions if name does not fit	
OCEAN STATE JEWELRY, INC.				
OR 136 INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	AUDITIONAL NAME(SYMITIAL(S)	SUFFIX
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral) Debtor Name and Address:				
AGENT - 125 High Street, 11th Floor, Boston, MA 02110				
TE TO ENLINGUE OF TEMPORAL PROPERTY.				÷
15 This FINANCING STATEMENT AMENDMENT    covers timber to be cut   covers as-extracted collateral   is filed.  16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest)	as a fixture fling	Description of real estate		
18 MISCFLLANEOUS 87708717-91-0 53300 - Wefs Farga Capital WELL	S FARGO BANK, NATIO	NAL Fie with Secretary	of State, RI	