

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p><b>White and Williams LLP</b>  <b>1650 Market Street, Suite 1800</b>  <b>Philadelphia, PA 19103-7395</b>  <b>Attention: William J. Taylor, Esquire</b></p> </div>

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 <b>CARDI CORPORATION</b>				
OR	1b INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
<b>400 Lincoln Avenue</b>	<b>Warwick</b>	<b>RI</b>	<b>02888</b>	<b>USA</b>

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 <b>CARDI LEASING CORP.</b>				
OR	2b INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
2c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
<b>400 Lincoln Avenue</b>	<b>Warwick</b>	<b>RI</b>	<b>02888</b>	<b>USA</b>

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 <b>ARCH INSURANCE COMPANY</b>				
OR	3b INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
<b>1601 Cherry St., 3 Parkway, Ste 1500</b>	<b>Philadelphia</b>	<b>PA</b>	<b>19102</b>	<b>USA</b>

4. COLLATERAL This financing statement covers the following collateral

- (a) all of the Debtors' right, title and interest in all subcontracts, subcontract bonds, and purchase orders let in connection with any bond issued by Secured Parties;
- (b) all of the Debtors' machinery, plant, equipment, tools and materials located anywhere;
- (c) all of the Debtors' claims and causes of action against any other parties;
- (d) any and all sums due, or to become due to any of the Debtors under any contract, whether bonded by Secured Parties or not;
- (e) all of the Debtors' rights in or arising out of any insurance policies of any type; and
- (f) all of the Debtors' rights in patents, patented processes, licenses, designs, copyrights, trademarks and all other intellectual property rights.

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable) <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor	

8. OPTIONAL FILER REFERENCE DATA  
 To be filed with Rhode Island Secretary of State [30342.29]

# UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

18 NAME OF FIRST DEBTOR Same as line 1a or 1b on Financing Statement; if line 1b was left blank because individual Debtor name did not fit, check here

18a ORGANIZATION'S NAME CARDI CORPORATION	
OR	
18b INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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19 ADDITIONAL DEBTOR'S NAME Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify or abbreviate any part of the Debtor's name)

19a ORGANIZATION'S NAME CARDI MATERIALS LLC			
OR			
19b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c MAILING ADDRESS 400 Lincoln Avenue		CITY Warwick	STATE RI
		POSTAL CODE 02818	COUNTRY USA

20 ADDITIONAL DEBTOR'S NAME Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify or abbreviate any part of the Debtor's name)

20a ORGANIZATION'S NAME ADVANTAGE EQUIPMENT RENTALS, LLC			
OR			
20b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c MAILING ADDRESS 400 Lincoln Avenue		CITY Warwick	STATE RI
		POSTAL CODE 02888	COUNTRY USA

21 ADDITIONAL DEBTOR'S NAME Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify or abbreviate any part of the Debtor's name)

21a ORGANIZATION'S NAME JEFFERSON REALTY, LLC			
OR			
21b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
21c MAILING ADDRESS 400 Lincoln Avenue		CITY Warwick	STATE RI
		POSTAL CODE 02888	COUNTRY USA

22  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME Provide only one name (22a or 22b)

22a ORGANIZATION'S NAME ARCH REINSURANCE COMPANY			
OR			
22b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c MAILING ADDRESS 1601 Cherry St., 3 Parkway, Ste 1500		CITY Philadelphia	STATE PA
		POSTAL CODE 19102	COUNTRY USA

23  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME Provide only one name (23a or 23b)

23a ORGANIZATION'S NAME			
OR			
23b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
23c MAILING ADDRESS		CITY	STATE
		POSTAL CODE	COUNTRY

24 MISCELLANEOUS

# UCC FINANCING STATEMENT ADDITIONAL PARTY

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18a ORGANIZATION'S NAME CARDI CORPORATION	
OR	
18b INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
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19. ADDITIONAL DEBTOR'S NAME Provide only one Debtor name (19a or 19b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name)

19a ORGANIZATION'S NAME HOPKINS HILL SAND & STONE, LLC			
OR			
19b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c MAILING ADDRESS 400 Lincoln Avenue		CITY Warwick	STATE RI
		POSTAL CODE 02818	COUNTRY USA

20. ADDITIONAL DEBTOR'S NAME Provide only one Debtor name (20a or 20b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name)

20a ORGANIZATION'S NAME RHODE ISLAND CONSTRUCTION MANAGEMENT GROUP, INC.			
OR			
20b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c MAILING ADDRESS 400 Lincoln Avenue		CITY Warwick	STATE RI
		POSTAL CODE 02888	COUNTRY USA

21. ADDITIONAL DEBTOR'S NAME Provide only one Debtor name (21a or 21b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name)

21a ORGANIZATION'S NAME CARDI CONSTRUCTION CORPORATION			
OR			
21b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
21c MAILING ADDRESS 400 Lincoln Avenue		CITY Warwick	STATE RI
		POSTAL CODE 02888	COUNTRY USA

22.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME Provide only one name (22a or 22b)

22a ORGANIZATION'S NAME			
OR			
22b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c MAILING ADDRESS		CITY	STATE
		POSTAL CODE	COUNTRY

23.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME Provide only one name (23a or 23b)

23a ORGANIZATION'S NAME			
OR			
23b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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19a ORGANIZATION'S NAME JEFFERSON DAVIS REALTY, LLC			
OR			
19b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c MAILING ADDRESS 400 Lincoln Avenue		CITY Warwick	STATE RI
		POSTAL CODE 02818	COUNTRY USA

20. ADDITIONAL DEBTOR'S NAME Provide only one Debtor name (20a or 20b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name)

20a ORGANIZATION'S NAME INTERCHANGE REALTY, LLC			
OR			
20b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c MAILING ADDRESS 400 Lincoln Avenue		CITY Warwick	STATE RI
		POSTAL CODE 02888	COUNTRY USA

21. ADDITIONAL DEBTOR'S NAME Provide only one Debtor name (21a or 21b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name)

21a ORGANIZATION'S NAME NEW LONDON TURNPIKE REALTY, LLC			
OR			
21b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
21c MAILING ADDRESS 400 Lincoln Avenue		CITY Warwick	STATE RI
		POSTAL CODE 02888	COUNTRY USA

22.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME Provide only one name (22a or 22b)

22a ORGANIZATION'S NAME			
OR			
22b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c MAILING ADDRESS		CITY	STATE
		POSTAL CODE	COUNTRY USA

23.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME Provide only one name (23a or 23b)

23a ORGANIZATION'S NAME			
OR			
23b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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19a ORGANIZATION'S NAME CARDI CORPORATION READY MIX CONCRETE, INC.			
OR			
19b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c MAILING ADDRESS 400 Lincoln Avenue		CITY Warwick	STATE RI
		POSTAL CODE 02818	COUNTRY USA

**20. ADDITIONAL DEBTOR'S NAME** Provide only one Debtor name (20a or 20b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name)

20a ORGANIZATION'S NAME INTERCHANGE REALTY CORP.			
OR			
20b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c MAILING ADDRESS 400 Lincoln Avenue		CITY Warwick	STATE RI
		POSTAL CODE 02888	COUNTRY USA

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21a ORGANIZATION'S NAME			
OR			
21b INDIVIDUAL'S SURNAME CARDI	FIRST PERSONAL NAME ANTONIO	ADDITIONAL NAME(S)/INITIAL(S) B.	SUFFIX
21c MAILING ADDRESS 88 Varnum Drive		CITY East Greenwich	STATE RI
		POSTAL CODE 020818	COUNTRY USA

**22**  **ADDITIONAL SECURED PARTY'S NAME** *or*  **ASSIGNOR SECURED PARTY'S NAME** Provide only one name (22a or 22b)

22a ORGANIZATION'S NAME			
OR			
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19a ORGANIZATION'S NAME			
OR			
19b INDIVIDUAL'S SURNAME CARDI	FIRST PERSONAL NAME STEPHEN	ADDITIONAL NAME(S)/INITIAL(S) A.	SUFFIX
19c MAILING ADDRESS 25 Devon CT.	CITY East Greenwich	STATE RI	POSTAL CODE 02818
		COUNTRY USA	

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