

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |                                                                                                                                                                                                                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)</b><br>Rosa C. Medeiros 401-330-1644                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                                                                                                                                        |  |
| <b>B. E-MAIL, CONTACT AT FILER (optional)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |                                                                                                                                                                                                                                                                        |  |
| <b>C. SEND ACKNOWLEDGMENT TO (Name and Address)</b><br><div style="border: 1px solid black; padding: 10px; margin: 5px 0;">TWO CORPORATE PARK ASSOCIATES LP<br/>24 INDIAN LANE<br/>SOUTH SALEM NY 10590-1332</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                                                                                                                                                                                                                                                                        |  |
| <b>THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |                                                                                                                                                                                                                                                                        |  |
| <b>1a. INITIAL FINANCING STATEMENT FILE NUMBER</b><br>RI Filing #201514820760 2/26/15 @2:03 pm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  | <b>1b.</b> <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS<br><small>See UCC Financing Statement Amendment Acknowledgment (Form UCC3A2) and provide Debtor's name in item 13.</small> |  |
| <b>2</b> <input checked="" type="checkbox"/> <b>TERMINATION:</b> Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement.                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                                                                                                                                        |  |
| <b>3</b> <input type="checkbox"/> <b>ASSIGNMENT</b> (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.<br><small>For partial assignment: complete items 7 and 9 and also indicate affected collateral in item 8.</small>                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                                                                                                                                                                        |  |
| <b>4</b> <input type="checkbox"/> <b>CONTINUATION:</b> 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.                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |                                                                                                                                                                                                                                                                        |  |
| <b>5</b> <input type="checkbox"/> <b>PARTY INFORMATION CHANGE</b><br><div style="display: flex; justify-content: space-between; align-items: flex-start;"><div><small>Check <u>one</u> of these two boxes:</small><br/>This Change affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record</div><div><small>AND Check <u>one</u> of these three boxes to:</small><br/><input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b, and item 7a or 7b and item 7c.<br/><input type="checkbox"/> ADD name: Complete item 7a or 7b and item 7c.<br/><input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b.</div></div> |  |  |                                                                                                                                                                                                                                                                        |  |
| <b>6 CURRENT RECORD INFORMATION:</b> Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |                                                                                                                                                                                                                                                                        |  |
| <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><b>6a. ORGANIZATION'S NAME</b></div> <div style="display: flex; justify-content: space-between;"><div style="width: 40%;"><b>OR</b> <b>6b. INDIVIDUAL'S SURNAME</b></div><div style="width: 20%;"><b>FIRST PERSONAL NAME</b></div><div style="width: 20%;"><b>ADDITIONAL NAME(S)/INITIAL(S)</b></div><div style="width: 20%;"><b>SUFFIX</b></div></div>                                                                                                                                                                                                                                                                                |  |  |                                                                                                                                                                                                                                                                        |  |
| <b>7 CHANGED OR ADDED INFORMATION:</b> Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b); use exact full name, do not omit, modify, or abbreviate any part of the Debtor's name.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                                                                                                                                        |  |
| <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><b>7a. ORGANIZATION'S NAME</b></div> <div style="display: flex; justify-content: space-between;"><div style="width: 40%;"><b>OR</b> <b>7b. INDIVIDUAL'S SURNAME</b></div><div style="width: 20%;"><b>INDIVIDUAL'S FIRST PERSONAL NAME</b></div><div style="width: 20%;"><b>ADDITIONAL NAME(S)/INITIAL(S)</b></div><div style="width: 20%;"><b>SUFFIX</b></div></div>                                                                                                                                                                                                                                                                   |  |  |                                                                                                                                                                                                                                                                        |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 40%;"><b>7c. MAILING ADDRESS</b></div><div style="width: 10%;"><b>CITY</b></div><div style="width: 10%;"><b>STATE</b></div><div style="width: 10%;"><b>POSTAL CODE</b></div><div style="width: 10%;"><b>COUNTRY</b></div></div>                                                                                                                                                                                                                                                                                                                                                                                          |  |  |                                                                                                                                                                                                                                                                        |  |
| <b>8</b> <input type="checkbox"/> <b>COLLATERAL CHANGE</b> Also check <u>one</u> of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral<br><small>Indicate collateral</small>                                                                                                                                                                                                                                                                                                                                                                           |  |  |                                                                                                                                                                                                                                                                        |  |
| <b>9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT</b> Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment).<br><small>If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor.</small>                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                                                                                                                                                                                                                                                                        |  |
| <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><b>9a. ORGANIZATION'S NAME</b><br/>HarborOne Bank</div> <div style="display: flex; justify-content: space-between;"><div style="width: 40%;"><b>OR</b> <b>9b. INDIVIDUAL'S SURNAME</b></div><div style="width: 20%;"><b>FIRST PERSONAL NAME</b></div><div style="width: 20%;"><b>ADDITIONAL NAME(S)/INITIAL(S)</b></div><div style="width: 20%;"><b>SUFFIX</b></div></div>                                                                                                                                                                                                                                                             |  |  |                                                                                                                                                                                                                                                                        |  |
| <b>10. OPTIONAL FILER REFERENCE DATA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                                                                                                                                                                                                                                                                        |  |