

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%;">Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div style="width: 50%; text-align: center;">89254682 RIRI</div></div>				
File with: Secretary of State, RI			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 200705651420 11/20/2007 SS RI		1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS <small>Filer: attach Amendment Addendum (Form UCC-3Ad) and provide Debtor's name in item 13</small>		
2. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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 <small>For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8</small>				
4. <input type="checkbox"/> 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. <input type="checkbox"/> PARTY INFORMATION CHANGE <div style="display: flex; justify-content: space-between; align-items: flex-start; padding: 5px;"><div style="width: 45%;"><small>Check <u>one</u> of these two boxes</small> This Change affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record</div><div style="width: 50%;"><small>AND Check <u>one</u> of these three boxes to</small> <div style="display: flex; justify-content: space-between;"><div><small>CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b and item 7c.</small></div><div><small>ADD name. Complete item 7a or 7b, and item 7c.</small></div><div><small>DELETE name. Give record name to be deleted in item 6a or 6b.</small></div></div></div></div>				
6. CURRENT RECORD INFORMATION Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">OR</div><div style="width: 95%;"><small>6a ORGANIZATION'S NAME</small> 333 VALLEY ROAD, LLC</div></div>				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">OR</div><div style="width: 40%;"><small>6b INDIVIDUAL'S SURNAME</small></div><div style="width: 20%;"><small>FIRST PERSONAL NAME</small></div><div style="width: 20%;"><small>ADDITIONAL NAME(S) INITIAL(S)</small></div><div style="width: 15%;"><small>SUFFIX</small></div></div>				
7. CHANGED OR ADDED INFORMATION 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="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">OR</div><div style="width: 95%;"><small>7a ORGANIZATION'S NAME</small></div></div>				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">OR</div><div style="width: 95%;"><small>7b INDIVIDUAL'S SURNAME</small></div></div>				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 95%;"><small>INDIVIDUAL'S FIRST PERSONAL NAME</small></div><div style="width: 5%;"></div></div>				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 85%;"><small>INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S)</small></div><div style="width: 15%;"><small>SUFFIX</small></div></div>				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 45%;"><small>7c MAILING ADDRESS</small></div><div style="width: 15%;"><small>CITY</small></div><div style="width: 10%;"><small>STATE</small></div><div style="width: 15%;"><small>POSTAL CODE</small></div><div style="width: 15%;"><small>COUNTRY</small></div></div>				
8. <input type="checkbox"/> COLLATERAL CHANGE 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 <small>Indicate collateral</small>				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) <small>If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor</small>				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">OR</div><div style="width: 95%;"><small>9a ORGANIZATION'S NAME</small> SAVINGS INSTITUTE BANK & TRUST COMPANY</div></div>				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">OR</div><div style="width: 40%;"><small>9b INDIVIDUAL'S SURNAME</small></div><div style="width: 20%;"><small>FIRST PERSONAL NAME</small></div><div style="width: 20%;"><small>ADDITIONAL NAME(S) INITIAL(S)</small></div><div style="width: 15%;"><small>SUFFIX</small></div></div>				
10. OPTIONAL FILER REFERENCE DATA Debtor Name: 333 VALLEY ROAD, LLC 89254682 4525-BUSINESS BANKING- EASTERN CT/RI 730132719				

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form

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12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a ORGANIZATION'S NAME

SAVINGS INSTITUTE BANK & 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

13a ORGANIZATION'S NAME

333 VALLEY ROAD, LLC

OR

13b INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S) INITIAL(S)

SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral)

Debtor Name and Address:

333 VALLEY ROAD, LLC - 333 VALLEY ROAD, MIDDLETOWN, RI 02842

Secured Party Name and Address:

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

NEWPORT FEDERAL SAVINGS BANK - 100 BELLEVUE AVENUE, PO BOX 210, NEWPORT, RI 02840

1) 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)