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RI SOS Filing Number:	202227739	570 Date	e: 10/13/2022 1	:40:00	PM	
UCC FINANCING STATEMENT AN	IENDMENT					
FOLLOW INSTRUCTIONS						
A NAME & PHONE OF CONTACT AT FILER (optional) Name Wolters Kluwer Lien Solutions Phone: 800	)-331-3282 Fax: 8	318-662-4141				
B E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com						
C. SEND ACKNOWLEDGMENT TO (Name and Address	<sup>SS)</sup> 14383 - BERI	KSHIRE				
Lien Solutions P.O. Box 29071	89252					
Glendale, CA 91209-9071	RIRI					
File with: Secretary of St	ale, RI				OR FILING OFFICE US	
1a INITIAL FINANCING STATEMENT FILE NUMBER 200805856400 1/17/2008 SS RI		16	(or recorded) in the R	FAL ESTATE	ENDMENT is to be filed [filed.]file.	•
TERMINATION Effectiveness of the Financing Statem Statement	ent identified above i	s terminated with re			rm UCC9Ad) <u>and</u> provide Debt ed Party authorizing this To	
ASSIGNMENT (full or partial): Provide name of Assign For partial assignment, complete items / and 9 and all	ee in item 7a or 7b, a so indicate affected c	ind address of Assig	nee in item 7c and name o	of Assignor in	item 9	
CONTINUATION Effectiveness of the Financing State continued for the additional period provided by applica	ment identified above		security interest(s) of Secu	red Party aut	horizing this Continuation	Statement is
5. [ ] PARTY INFORMATION CHANGE	-	·	<del></del>		<u> </u>	·
Check one of these two boxes	AND Check one	of these three boxes	to			
This Change affects Debtor or Secured Party of reco	ird CHAN	GE name and/or addi a or 6b, <u>and</u> ilem 7a c		name Comple 7b, <u>and</u> item ?		Give record name intem 6a or 6b
6. CURRENT RECORD INFORMATION Complete for Party	Information Change -	provide only one na	me (6a or 6b)	_	-	
69 ORGANIZATION'S NAME WORLD VIEW GRAPHICS, INC.						
OR 66 INDIVIDUAL'S SURNAME		HIRST PERSONAL I	AME	LAUDITIO	NAL NAME(SVINITIALIS)	SUFFIX
7 CHANGED OR ADDED INFORMATION Complete for Assignm	ent or Party Information Ch	âπςπ provide only <u>ona</u>	name (7a or 7b) (use exact, full na	me, do not omit,	modify, or abbreviate any part of th	he Onbloxis name)
7# ORGANIZATION'S NAME		- 1	•			
OR 75 INDIVIDUAL'S SURNAME			<del>_</del>	<del></del>		
1						
INDIVIDUAL S FIRST PERSONAL NAME			<del>" "</del>			
		<u> </u>				
INDIVIOUAL'S ADDITIONAL NAME(S)INITIAL(S)						SUFFIX
7c, MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
B. [. ] COLLATERAL CHANGE Also check one of these	four boxes ADE	collateral	DELETE collateral L	PESTATE	covered collateral [ ]	ASSIGN collatera
Indicate collateral	, ,, ,,	- constant	E.	MEGIATE	covered whatershift ( )	ASSIGN CONSIGNA
A MANE OF SECURED BARRY DECORD						<del></del>
<ol> <li>NAME OF SECURED PARTY OF RECORD AUTH If this is an Amendment authorized by a DEBTOR, check her</li> </ol>		ENDMENT. Provi name of authorizing (		) (name of As:	signor, if this is an Assignm	ent)
9a, ORGANIZATION'S NAME						
NEWPORT FEDERAL SAVINGS BANK		T				
96 INDIVIDUAL'S SURNAME		FIRST PERSONAL N	AME	ADDITIO	NAL NAME (SYMITIAL(S)	SUFFIX
10 OPTIONAL FILER REFERENCE DATA Debtor Name	NAMORI DAMENT	CDADINGS 151			-	
	e: WORLD VIEW . BUSINESS-EAS		j.		9004744687	
ZUEU ONVIET					7777 TT 77701	

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS					
11, INITIAL FINANCING STATEMENT FILF NUMBER Same as item 200805856400 1/17/2008 SS RI	1a on Amendment form		1		
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT. Same as item 9 on Arrendment form			1		
124 ORGANIZATION'S NAME			1		
NEWPORT FEDERAL SAVINGS BANK					
OR 126 INDIVIDUAL'S SURNAME	·				
FIRST PERSONAL NAME	- <u>-</u>				
ADDITIONAL NAME (SYNITIAL (S)	<u>.                                    </u>	SUFFIX			
12.11				PACE IS FOR FILING OFFICE US	
13 Name of DEBTOR on related financing statement (Name of a curr one Debtor name (13a or 13b) (use exact, full name, do not omit,	rent Debtor of record requi modify, or abbreviate any	red for indexing part of the Debi	purposes only in som lor's name); see Instr	ie filing offices - see fristruction item actions if name does not fit	n 13): Provide only
130 ORGANIZATIONS NAME WORLD VIEW GRAPHICS, INC.			<del></del>		
OR 1.36 INDIVIDUAL'S SURNAME	FIRST PERS	SONAL NAME		ADDITIONAL NAME (SYNITIAL(S)	SUFFIX
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral) Debtor Name and Address:	-			_	
WORLD VIEW GRAPHICS, INC 29 CLIFF AVENUE , N	NEWPORT, RI 02840	)			
Secured Party Name and Address: NEWPORT FEDERAL SAVINGS BANK - 100 BELLEVUI SAVINGS INSTITUTE BANK & TRUST COMPANY - 803	E AVENUE, P.O. BO BMAIN STREET , WI	X 210 , NEW LLIMANTIC,	PORT, RI 02840 CT 06226		
1) SAVINGS INSTITUTE BANK & TRUST COMPANY					
15. This FINANCING STATEMENT AMENDMENT			ion of real estate.	· · · · · · · · · · · · · · · · · · ·	
covers limber to be cut covers as-extracted collateral  Name and address of a RECORD OWNER of real estate describe	s filed as a fixture fli	rig			
(if Debtor does not have a record interest)					
		ļ			
18. MISCELLANEOUS 89252498-RHO 14383 - BERKSHIRE BANK	NEWPORT FFDFRAI	SAVINGS RANK	File with Secretary of Si	ale, RI 2525-SMALL BUSINESS-E	ASTERNICTED
			Occiedaty of St	and, in any ordered bushtess-to	