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) Greenberg Traurig, LLP One International Place, Suite 2000 Boston, MA 02110 Attn: Ben McGuire, Esq. 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 om t, 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 Deptor information in item 10 of the Financing Statement Addendum (Form UCC: Ad) 1a ORGANIZATION'S NAME THE PAUL CUFFEE SCHOOL OF th. INDIVIOUAL'S SURNAVE FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 1c MAILING ADDRESS POSTAL CODE YNTRUC 459 Promenade Street RI 02908 **USA** Providence 2. DEBTOR'S NAME Provide only one Debtor name (2e or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name), if any part of the Individual (Jablor's name will not fit in line 2b, leave all of item 2 blank, check here. and provide the Individual Dablor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a ORGANIZATION'S NAME OR 26 INDIVIDUAL'S SURNAME FIRST PERSONAL NAVE ADDITIONAL NAME(S)/INITIAL(S) 2c MAILING ADDRESS POSTAL CODE COUNTRY 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 BANK RHODE ISLAND 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 30 MAILING ADDRESS CITY POSTAL CODE COUNTRY STATE One Turks Head Place, 15th Floor Providence RI 02903 USA 4. COLLATERAL. This financing statement covers the following collateral For a description of the collateral as to which this financing statement is filed, see Exhibit A attached hereto. 5. Check only if applicable and check only one box. Collateral is held in a Trust (see UCC1Ad, item 17 and instructions). being administered by a Decadent's Personal Representative 6a. Check only if applicable and check only one box 6b. Check only if applicable and check only one box Manufactured-Home Transaction Public-Finance Transaction A Sebtor is a Transmitting Utility Non-UCC Filing Agnoultural Lien 7. ALTERNATIVE DESIGNATION (if applicable) Lessee/Lessor Consignee/Consignor Seller/Buyer Bailea/Bailor Licensee/Licensor 8. OPTIONAL FILER REFERENCE DATA

RI SOS Filing Number: 202227991130 Date: 11/15/2022 3:30:00 PM

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EXHIBIT A TO UCC FINANCING STATEMENT

Debtor: The Paul Cuffee School

Assignor: Rhode Island Health and Educational Building Corporation

Secured Party: Bank Rhode Island

As security for the Debtor's obligations to make payments to the Debt Service Fund (as defined in the Agreement), and for its other payment obligations under the Loan and Security Agreement, dated as of September 1, 2022 (the "Agreement"), among the Assignor, the Debtor and the Secured Party, executed in connection with the issuance of the Rhode Island Health and Educational Building Corporation Educational Institution Revenue Bonds, The Paul Cuffee Issue, Series 2022 (the "Bonds") in the aggregate principal amount of \$3,100,000, the Debtor has granted to the Secured Party a security interest in the Institution's interest in the moneys and other investments held from time to time in the funds and accounts established under the Agreement.

The Assignor also has assigned and pledged to the Secured Party upon the terms of the Agreement all right, title and interest of the Assignor in and to (a) all Revenues to be received from the Debtor or derived from any security provided under the Agreement, (b) all rights to receive such Revenues and the proceeds of such rights, (c) all funds and investments held from time to time in the funds established under the Agreement, and (d) all of its right, title and interest in the Agreement, including enforcement rights and remedies but excluding certain rights of indemnification and to reimbursement of certain expenses as set forth in the Agreement. This assignment and pledge does not include: (i) the rights of the Assignor pursuant to provisions for consent, concurrence, approval or other action by the Assignor, notice to the Assignor or the filing of reports, certificates or other documents with the Assignor, (ii) the right of the Assignor to any payments or reimbursements pursuant to Sections 307(e) and (f), 803, and 1007 of the Agreement, or (iii) the powers of the Assignor as stated the Agreement to enforce the provisions of the Agreement.

As further security for the payments to be made under the Agreement, the Institution has pledged and granted to the Secured Party a security interest in all Gross Receipts.

"Gross Receipts" means all receipts, revenues, rentals, income, and other moneys received by or on behalf of the Debtor from any source, including, without limitation, all rights to receive the same whether in the form of accounts, accounts receivable, contract rights, chattel paper, instruments, general intangibles or other rights and the proceeds thereof, and the proceeds of any insurance thereon, all of the foregoing, whether now existing or hereafter coming into existence and whether now owned or held or hereafter acquired by the Debtor, but excluding receipts which are restricted so as to not be legally available to pay debt service or otherwise satisfy the Debtor's obligations under the Agreement.

"Revenues" means all debt service payments, rates, mortgage payments, rents, fees, charges, and other income and receipts, including proceeds of insurance, eminent domain and sale, and including proceeds derived from any security provided pursuant to the Agreement, payable to the Assignor under the Agreement, but not including administrative fees of the Assignor, reimbursements to the Assignor for expenses incurred by the Assignor, and indemnification of the Assignor.

OCC FINANCING STATEMENT ADDE	:NDUM			
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financial because Individual Debtor name did not fit, check here.	ng Statement, if I he 15 was left blank	1		
9# ORGANIZATION'S NAVE				
THE PAUL CUFFEE SCHOOL				
95 INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S) TIME(S)	SUFFIX			
		THE ABOVE SPACE	IS FOR FILING OFFI	CE USE ONLY
DEBTOR'S NAME Provide (10a or 10b) only one additional do not omit, modify, or abbreviate any part of the Debtor's name) 10a, ORGANIZATION'S NAME	Debtor name or Debtor name that did not fit in and enter the mailing address in line 10c.	nline 1b or 2b of the Financing S	Statement (Form UCC1)	use exact, full name,
106. INDIVIDUAL'S SURNAVE				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL S ADDITIONAL NAME (S)/INITIAL (S)				SUFFIX
C. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1 ADDITIONAL SECURED PARTY'S NAME QI 110 ORGANIZATION'S NAME RHODE ISLAND HEALTH AND 110 INDIVIDUAL'S SURNAME	ASSIGNOR SECURED PARTY EDUCATIONAL BUILL FIRST PERSONAL NAVE	DING CORPORA		S) SUFFIX
15 MAILING ADDRESS	CITY	67475	POSTAL CODE	COUNTRY
33 Broad Street, Suite 200	Providence	RI STATE	02903	USA
This FINANCING STATEMENT is to be filed (for record) (or re REAL ESTATE RECORDS (if applicable)	ecorded) in the 14. This FINANCING STATE		collateral is filed	as a fixture filing
 Name and address of a RECORD OWNER of real astate describer (if Debtor does not have a record interest) 	d in item 15 16. Description of real estate	•		-