

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

<b>A NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
<b>B E-MAIL CONTACT AT FILER (optional)</b> uccfilingreturn@wolterskluwer.com	
<b>C. SEND ACKNOWLEDGMENT TO: (Name and Address)</b> 34785 - BROOKLINE	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	90338697 <b>RIRI FIXTURE</b>
File with: Secretary of State, RI	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

<b>1a INITIAL FINANCING STATEMENT FILE NUMBER</b> 201718984060 12/27/2017 SS RI		<b>1b</b> <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum Form UCC3Adi and provide Debtor's name in item 13	
<b>2.</b> <input 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. For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8.			
<b>4.</b> <input checked="" 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. [ ] PARTY INFORMATION CHANGE:</b> Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record <b>AND</b> Check <u>one</u> of these three boxes to: <input type="checkbox"/> CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b and item 7c. <input type="checkbox"/> ADD name. Complete item 7a or 7b, and item 7c. <input type="checkbox"/> DELETE name. Give record name to be deleted in item 6a or 6b.			
<b>6. CURRENT RECORD INFORMATION</b> Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)			
<b>6a ORGANIZATION'S NAME</b> RTE REALTY, LLC			
<b>OR</b>			
<b>6b INDIVIDUAL'S SURNAME</b>		<b>FIRST PERSONAL NAME</b>	<b>ADDITIONAL NAME(S) INITIAL(S)</b>
			<b>SUFFIX</b>
<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.			
<b>7a ORGANIZATION'S NAME</b>			
<b>OR</b>			
<b>7b INDIVIDUAL'S SURNAME</b>			
<b>INDIVIDUAL'S FIRST PERSONAL NAME</b>			
<b>INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S)</b>			
<b>SUFFIX</b>			
<b>7c MAILING ADDRESS</b>		<b>CITY</b>	<b>STATE</b>
		<b>POSTAL CODE</b>	<b>COUNTRY</b>
<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 Indicate collateral:			

<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). If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor.			
<b>9a ORGANIZATION'S NAME</b> BANK RHODE ISLAND			
<b>OR</b>			
<b>9b INDIVIDUAL'S SURNAME</b>		<b>FIRST PERSONAL NAME</b>	<b>ADDITIONAL NAME(S) INITIAL(S)</b>
			<b>SUFFIX</b>
<b>10. OPTIONAL FILER REFERENCE DATA</b> Debtor Name: RTE REALTY, LLC 90338697 380 - 3200			

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## 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

BANK RHODE ISLAND

OR  
12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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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

RTE REALTY, 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:

RTE REALTY, LLC - 75 STAMP FARM ROAD , CRANSTON, RI 02921

Secured Party Name and Address:

BANK RHODE ISLAND - One Turks Head Place , Providence, RI 02903

15. This FINANCING STATEMENT AMENDMENT

☐ covers timber to be cut ☐ covers as-extracted collateral ☒ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17  
(if Debtor does not have a record interest)

17. Description of real estate

Street Address:

75 Stamp Farm Road, Cranston, Rhode Island

Legal Description:

See Exhibit A, attached hereto and  
incorporated herein by reference