

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)	
UCC Filing Department	800-828-0938
B. E-MAIL CONTACT AT FILER (optional)	
Alb.UCC.Filings@cogencyglobal.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
COGENCY GLOBAL INC. 194 Washington Avenue Suite 310 Albany, NY 12210	

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 omit, 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 Debtor Information in Item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a ORGANIZATION'S NAME						
OCEAN STATE JOB LOT OF RI2013, LLC						
OR	1b INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
375 Commerce Park Road			North Kingstown	RI	02852	USA

2 DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor Information in Item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a ORGANIZATION'S NAME						
OR	2b INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
2c MAILING ADDRESS			CITY	STATE	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 OF AMERICA, N.A., as Administrative Agent						
OR	3b INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
NC1-026-06-06, Gateway Village-900 Building, 900 W. Trade Street			Charlotte	NC	28255	USA

4 COLLATERAL: This financing statement covers the following collateral:

All now existing and hereafter acquired assets and properties of Debtor, wherever located, together with all proceeds and products of the foregoing.

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 Decedent's Personal Representative

6a. Check only if applicable and check only one box: Public Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable) Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailee Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA: Filed with: RI - Secretary of State - CM # 20135.01969 F#909394 A#1243059