

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

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| 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) 35775 - BROOKLINE | |
| Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 | 90827616 RIRI |
| File with: Secretary of State, RI | |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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| 1a. INITIAL FINANCING STATEMENT FILE NUMBER 201616799360 7/22/2016 SS RI | | 1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) in the REAL ESTATE RECORDS Filer attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13. | |
| 2. <input 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 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 | | | |
| 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 checked="" type="checkbox"/> PARTY INFORMATION CHANGE: Check one of these two boxes AND Check one of these three boxes to This Change affects <input checked="" type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record <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 checked="" type="checkbox"/> DELETE name. Give record name to be deleted in item 6a or 6b | | | |
| 6. CURRENT RECORD INFORMATION Complete for Party Information Change - provide only one name (6a or 6b) | | | |
| 6a. ORGANIZATION'S NAME J.P. DONUTS, INC. | | | |
| OR | 6b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S) INITIAL(S) SUFFIX |
| 7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) | | | |
| 7a. ORGANIZATION'S NAME | | | |
| OR | 7b. INDIVIDUAL'S SURNAME | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | | | |
| INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S) SUFFIX | | | |
| 7c. MAILING ADDRESS | | CITY | STATE POSTAL CODE COUNTRY |
| 8. <input type="checkbox"/> COLLATERAL CHANGE. Also check one 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. | | | |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT Provide only one 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 | | | |
| 9a. ORGANIZATION'S NAME BANK RHODE ISLAND | | | |
| OR | 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S) INITIAL(S) SUFFIX |
| 10. OPTIONAL FILER REFERENCE DATA Debtor Name: WARREN DONUTS, LLC 90827616 380 & 3200 Tom Fitzgerald | | | |

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

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| 11. INITIAL FINANCING STATEMENT FILE NUMBER. Same as item 1a on Amendment form 201616799360 7/22/2016 SS RI | |
| 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 <u>one</u> 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 J.P. DONUTS, INC. | | | |
| 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:

WARREN DONUTS, LLC - 670 METACOM AVENUE, WARREN, RI 02885
416 METACOM BAKERS, INC. - 416 METACOM AVENUE, BRISTOL, RI 02809
J.P. DONUTS, INC. - 375 MAIN STREET, WARREN, RI 02885
METACOM AVE DONUTS, INC. - 670 METACOM AVENUE, WARREN, RI 02885
C & C DONUTS, INC. - 467 HOPE STREET, BRISTOL, RI 02809

Secured Party Name and Address:

BANK RHODE ISLAND - ONE TURKS HEAD PLACE, PROVIDENCE, RI 02903

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| 15. This FINANCING STATEMENT AMENDMENT. <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> 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). | |