

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

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) 14383 - BERKSHIRE <div style="display: flex; justify-content: space-between;"><div>Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div>91388457 RIRI</div></div> <div style="text-align: right; margin-top: 10px;">File with: Secretary of State, RI</div>																																							
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY																																							
1a. INITIAL FINANCING STATEMENT FILE NUMBER 021260 5/12/2003 SS RI		1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS <small>Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13.</small>																																					
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 <small>For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8</small>																																							
4. <input checked="" 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 type="checkbox"/> PARTY INFORMATION CHANGE: <div style="display: flex; justify-content: space-between;"><div>Check <u>one</u> of these two boxes: <input type="checkbox"/> This Change affects Debtor or <input type="checkbox"/> Secured Party of record</div><div>AND 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</div></div>																																							
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4">6a. ORGANIZATION'S NAME: JAILHOUSE INN, INC.</td></tr><tr><td style="width: 40%;">OR</td><td style="width: 30%;">6b. INDIVIDUAL'S SURNAME</td><td style="width: 20%;">FIRST PERSONAL NAME</td><td style="width: 10%;">ADDITIONAL NAME(S) INITIAL(S)</td><td style="width: 10%;">SUFFIX</td></tr><tr><td colspan="5" style="height: 40px;"></td></tr></table>					6a. ORGANIZATION'S NAME: JAILHOUSE INN, INC.				OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX																										
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7. CHANGED OR ADDED INFORMATION: 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) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="5">7a. ORGANIZATION'S NAME</td></tr><tr><td style="width: 40%;">OR</td><td colspan="4">7b. INDIVIDUAL'S SURNAME</td></tr><tr><td colspan="5" style="height: 40px;"></td></tr><tr><td colspan="5">INDIVIDUAL'S FIRST PERSONAL NAME</td></tr><tr><td colspan="5" style="height: 40px;"></td></tr><tr><td colspan="4">INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S)</td><td>SUFFIX</td></tr><tr><td colspan="5" style="height: 40px;"></td></tr></table>					7a. ORGANIZATION'S NAME					OR	7b. INDIVIDUAL'S SURNAME									INDIVIDUAL'S FIRST PERSONAL NAME										INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S)				SUFFIX					
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7c. MAILING ADDRESS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%; height: 40px;"></td><td style="width: 20%;">CITY</td><td style="width: 10%;">STATE</td><td style="width: 20%;">POSTAL CODE</td><td style="width: 10%;">COUNTRY</td></tr></table>						CITY	STATE	POSTAL CODE	COUNTRY																														
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8. <input type="checkbox"/> COLLATERAL CHANGE: 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 <small>Indicate collateral:</small>																																							
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) <small>If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor</small> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="5">9a. ORGANIZATION'S NAME: SAVINGS INSTITUTE BANK AND TRUST COMPANY</td></tr><tr><td style="width: 40%;">OR</td><td style="width: 30%;">9b. INDIVIDUAL'S SURNAME</td><td style="width: 20%;">FIRST PERSONAL NAME</td><td style="width: 10%;">ADDITIONAL NAME(S) INITIAL(S)</td><td style="width: 10%;">SUFFIX</td></tr><tr><td colspan="5" style="height: 40px;"></td></tr></table>					9a. ORGANIZATION'S NAME: SAVINGS INSTITUTE BANK AND TRUST COMPANY					OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX																									
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10. OPTIONAL FILER REFERENCE DATA: Debtor Name: JAILHOUSE INN, INC. 91388457 9999 AUTO CONTINUATION DEFAULT																																							

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form

021260 5/12/2003 SS RI

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME

SAVINGS INSTITUTE BANK AND TRUST COMPANY

OR

12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

JAILHOUSE INN, 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:

JAILHOUSE INN, INC. - CHRISTIE'S LANDING, NEWPORT, RI 02840

Secured Party Name and Address:

SAVINGS INSTITUTE BANK AND TRUST COMPANY - 803 MAIN STREET, WILLIMANTIC, CT 06226

NEWPORT FEDERAL SAVINGS BANK - PO BOX 210, NEWPORT, RI 02840

1) NEWPORT FEDERAL SAVINGS BANK

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: