

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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| A NAME & PHONE OF CONTACT AT FILER (optional) |
| B E-MAIL CONTACT AT FILER (optional) |
| C SEND ACKNOWLEDGMENT TO (Name and Address) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Coastal Credit Union Commercial Lending Department 1200 Central Avenue Pawtucket, RI 02861</div> |

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 1C of the Financing Statement Addendum (Form UCC1Ad)

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|--|-------------------------|------------------------|-------------------------------|-----------------------------|
| 1a ORGANIZATION'S NAME WESTBAY COMMUNITY ACTION, INC | | | | |
| OR | 1b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c MAILING ADDRESS 224 BUTTONWOODS AVE | | CITY WARWICK | STATE RI | POSTAL CODE 02886 |
| | | | COUNTRY 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 1C 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 COASTAL CREDIT UNION | | | | |
| OR | 3b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c MAILING ADDRESS 1200 CENTRAL AVENUE | | CITY PAWTUCKET | STATE RI | POSTAL CODE 02861 |
| | | | | COUNTRY USA |

4 COLLATERAL This financing statement covers the following collateral:

All goods, equipment, machinery, tools and other personal property and fixtures of every kind and description now owned or hereafter acquired by the Debtor or in which Debtor has an interest (but only to the extent of such interest) including, but not limited to, that which is used in connection with the Debtor's business and that which is situated or to be situated upon or used in connection with (the "Premises") and any improvements of the Debtor thereon (the "Improvements"), together with any renewals, replacements or additions thereto or substitutions therefore, and all proceeds and products thereof now or hereafter located at, or used in connection with, the operation of the Debtor's business, the Premises or the Improvements.

All fixtures and all tangible and intangible personal property of the debtor whether now owned or hereafter acquired by the Debtor including without limitation all equipment, machinery, tools, furniture, inventory, cash, account receivables, patents, trademarks, licenses, instruments of title, insurance policies and proceeds, all books and records, etc.

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|---|--|
| 5 Check <u>only</u> if applicable and check <u>only</u> one box. Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative | |
| 6a Check <u>only</u> if applicable and check <u>only</u> one box <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility | |
| 6b Check <u>only</u> if applicable and check <u>only</u> one box <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non UCC Filing | |
| 7 ALTERNATIVE DISPOSITION (if applicable) <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor | |

8 OPTIONAL FILER REFERENCE DATA

TO BE FILED WITH THE STATE OF RHODE ISLAND