FOLLOW INSTRUCTIONS A NAME & PHONE OF CONTACT AT FILER (optional) Name Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 B. F-MAIL CONTACT AT FILER (optional) Uccfilingreturin@wolterskluwer.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This Intrinal Financing STatement Remarks and Address of Provided In the Late STATE REFORM INCOME. The Control of Provided Intrinal Environment Address of the Financing Statement Identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Fernimation Statement ASSIGNMENT [ttill or partial) Provide name of Assignment identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Fernimation Statement ASSIGNMENT [ttill or partial) Provide name of Assignment identified above with marphot to the security interest(s) of Secured Party authorizing this Fernimation Statement Address of the Security Interest(s) of Secured Party authorizing this Fernimation Statement is continued for the additional proper dop provided by applicable law CONTINUATION Effectiveness of the Financing Statement identified above with marphot to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional proper dop provided by applicable law CONTINUATION Effectiveness of the Financing Statement identified above with marphot to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional proper dop provided by applicable law CONTINUATION Effectiveness of the Financing Statement identified above with marphot to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional proper provided by applicable law CONTINUATION Effectiveness of the Financing Statement identified above with marphot to the security interest(s) of Secured Party autho		RI SOS Filing Number: 202	23290140)70 Dat	e: 5/3/2023 1:53	:00 PI	Л	
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continued for the additional period provided by applicable law 5. PARTY INFORMATION CHANGE Check grig of these two boxes This Change affects Debtor or Secured Party of record Seem 6a or 6b, and item 7a or 7b and item 7c 1a or 7h, and item 7c 1b be deleted in item 6a or 6h 6 CURRENT RECORD INFORMATION Complete for Party Information Change - provide only one name (6a or 6b) 6 CORRENT RECORD INFORMATION Complete for Party Information Change - provide only one name (6a or 6b) 6 CORRENT RECORD INFORMATION Complete for Party Information Change - provide only one name (6a or 6b) 6 DINDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact full name do not one, modely, or abbreviate any pair of the Debtor's name) 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 one, modely, or abbreviate any pair of the Debtor's name) 7 A ORGANIZATION'S NAME PREFERRED BANK 7 DINDIVIDUAL'S SURNAME INDIVIDUAL'S PRESCHALINAME. INDIVIDUAL SERVINAME. INDIVIDUAL	3. [ASSIGNMENT (<u>full</u> or partial): Provide name of Assignee in For partial assignment, complete items 7 and 9 <u>and</u> also in	n item 7a or 7b, a dicate affected co	ind address of Ass	ignee in item 7c and name of	f Assignor ii	item 9	
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CA 90017 USA								ļ
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If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a ORGANIZATION'S NAME	OR	96 INDIVIDUAL'S SURNAME		FIRST PERSONAL	NAME	OITICULA	NAL NAME(SYNITIAL(S)	SUFFIX
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a ORGANIZATION'S NAME C T Corporation System, as representative OR	10.	OPTIONAL FILER REFERENCE DATA: Dantor Name: O	CEAN STATE	בופאבטיבפ י	NC			
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UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

	NANCING STATEMENT FILE NUMBER: San 1300 12/2/2022 SS RI	ne as item 1a on Amendment fo	om]		
	PARTY AUTHORIZING THIS AMENDMENT	Same as item 9 on Amendme	et form	4		
	ANIZATION'S NAME			-{		
СТС	Corporation System, as representa	ative		i		
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OR 135 INO	VIDUAL S SURNAME					
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ADD	TIONAL NAME(SYINITIAL(S)		SUFFIX	1		
13 Name of 0	DEBTOR on related financing statement (Nam	a of a current Debter of second	forward for a down		SPACE IS FOR FILING OFFICE US	
one Debi	or name (13a or 13b) (use exact, full name, do	o not omit, modify, or abbreviate	required for indexing any part of the Deb) purposes only in som nor's name), see Instri	ne filing offices - see instruction item uctions if name does not fit	13). Provide only
	ANIZATION'S NAME			•		
	AN STATE FISHERIES, INC.					
136 INDIV	VIDUAL'S SURNAME	FIRST	PERSONAL NAME		ADDITIONAL NAME(SYNITIAL(S)	SUFFIX
14 ADDITION	VAL SPACE FOR ITEM 8 (Collateral).			·	<u></u>	
Debtor Nam	ne and Address:					
OCEAN ST.	ATE FISHERIES, INC 20 Ram Hea	d Road , Narragansett, R	1 02882			
Secured Pa	irty Name and Address:					
C T Corpora	ation System, as representative - 330	N Brand Blvd, Suite 700;	Attn: SPRS , Gli	endale, CA 91203	;	
PREFERRE	ED BANK - 601 S. Figueroa Street, 47	th floor , Los Angeles, C/	A 90017			
	·					
15. This FINA	NCING STATEMENT AMENDMENT		17. Descrip	tion of real estate		
	s timber to be cut covers as-extracted o		re ffing			
	address of a RECORD OWNER of real estate does not have a record interest)	e described in item 17				
	,					
18. MISCELLA	ANEOUS 92714453-RI-C	C T Corporation	System, as	File with Secretary of St	ate, RI	
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