

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

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|---|--|--|--|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Sayer Regan & Thayer, LLP 401-849-3040 | | | | |
| B. E-MAIL CONTACT AT FILER (optional) | | | | |
| C. SEND ACKNOWLEDGMENT TO (Name and Address) <div style="border: 1px solid black; padding: 10px; margin: 10px 0;">HarborOne Bank 770 Oak Street Brockton, MA 02301</div> | | | | |
| THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY | | | | |
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER 200705219260 7/24/2007 @ 12:12pm | | | 1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 | |
| 2. <input checked="" 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 type="checkbox"/> PARTY INFORMATION CHANGE: Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record 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 | | | | |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b) | | | | |
| <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">6a. ORGANIZATION'S NAME J & A ROUHANA REALTY, INC.</div><div style="width: 60%; border-top: 1px solid black;"></div></div> | | | | |
| <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">OR 6b. INDIVIDUAL'S SURNAME</div><div style="width: 15%;">FIRST PERSONAL NAME</div><div style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 25%;">SUFFIX</div></div> | | | | |
| 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) | | | | |
| <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">7a. ORGANIZATION'S NAME</div><div style="width: 60%; border-top: 1px solid black;"></div></div> | | | | |
| <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">OR 7b. INDIVIDUAL'S SURNAME</div><div style="width: 60%; border-top: 1px solid black;"></div></div> | | | | |
| <div style="display: flex; justify-content: space-between;"><div style="width: 80%;">INDIVIDUAL'S FIRST PERSONAL NAME</div><div style="width: 20%; border-top: 1px solid black;"></div></div> | | | | |
| <div style="display: flex; justify-content: space-between;"><div style="width: 80%;">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 20%; border-top: 1px solid black;"></div></div> | | | | |
| <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">7c. MAILING ADDRESS 964 CRANSTON STREET</div><div style="width: 15%;">CITY CRANSTON</div><div style="width: 10%;">STATE RI</div><div style="width: 15%;">POSTAL CODE 02920</div><div style="width: 20%;">COUNTRY</div></div> | | | | |
| 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 Indicate collateral | | | | |
| 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) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor | | | | |
| <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">9a. ORGANIZATION'S NAME HarborOne Bank, f/k/a Coastway Community Bank f/k/a Coastway Credit Union</div><div style="width: 60%; border-top: 1px solid black;"></div></div> | | | | |
| <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">OR 9b. INDIVIDUAL'S SURNAME</div><div style="width: 15%;">FIRST PERSONAL NAME</div><div style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 25%;">SUFFIX</div></div> | | | | |
| 10. OPTIONAL FILER REFERENCE DATA | | | | |