

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

<b>A NAME &amp; PHONE OF CONTACT AT SUBMITTER (optional)</b> Name Wolters Kluwer Lien Solutions Phone 800-331-3282 Fax 818-662-4141	
<b>B E-MAIL CONTACT AT SUBMITTER (optional)</b> uccfilingreturn@wolterskluwer.com	
<b>C SEND ACKNOWLEDGMENT TO: (Name and Address):</b> 34785 - BROOKLINE	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	94954648  RIRI
File with: Secretary of State, RI <b>SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</b>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILE NUMBER 201820261840 10/5/2018 SS RI	1b <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS File Attach Amendment Addendum (Form UCC3Ac) and provide Debtor's name in item 13
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2  **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  **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  **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  **PARTY INFORMATION CHANGE**  
 Check one of these two boxes:  Debtor or  Secured Party of record. **AND:** Check one of these three boxes to:  CHANGE name (and/or address). Complete item 6a or 6b and from 7a or 7b and item 7c.  ADD name. Complete item 7a or 7b, and item 7c.  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 OCEAN STATE ASSISTED LIVING				
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				SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX

7c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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8 **COLLATERAL CHANGE:** Check only one box:  ADD collateral,  DELETE collateral,  RE-STATE covered collateral,  ASSIGN\* collateral.  
 Indicate collateral. \*Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to return collateral and describe the collateral in Section 8.

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  and provide name of authorizing Debtor.

9a ORGANIZATION'S NAME RHODE ISLAND HEALTH AND EDUCATIONAL BUILDING CORPORATION				
OR	9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10 **OPTIONAL FILER REFERENCE DATA:** Debtor Name: OCEAN STATE ASSISTED LIVING  
 94954648 380 3200 SDL

# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11 INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form  
 201820261840 10/5/2018 SS RI

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

12a ORGANIZATION'S NAME  
 RHODE ISLAND HEALTH AND EDUCATIONAL BUILDING

CORPORATION

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 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  
 OCEAN STATE ASSISTED LIVING

OR

13b INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14 ADDITIONAL SPACE FOR (CHECK ONE BOX):  ITEM 8 (Collateral) OR  OTHER INFORMATION (Please Describe)

Debtor Name and Address:

OCEAN STATE ASSISTED LIVING - 5 SAINT ELIZABETH WAY, EAST GREENWICH, RI 02818

Secured Party Name and Address:

RHODE ISLAND HEALTH AND EDUCATIONAL BUILDING CORPORATION - 55 DORRANCE STREET, SUITE 300, PROVIDENCE, RI 02903

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

1) BANK RHODE ISLAND

15 This FINANCING STATEMENT AMENDMENT:  
 covers timber to be cut  covers an 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