

UCC FINANCING STATEMENT AMENDMENT

FO...LOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT FILER (optional) Diane Tavares
B E-MAIL CONTACT AT FILER (optional) Diane.Tavares@coastal1.org
C SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 5px; width: fit-content;"> COASTAL1 CREDIT UNION 1200 CENTRAL AVE PAWTUCKET RI, 02861 </div>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILE NUMBER
RI SOC 201820385870

1b This FINANCING STATEMENT AMENDMENT is to be filed ("for record" or recorded) in the REAL ESTATE RECORDS (or attach Amendment Acknowledgment Form UCC3Ad) and provide Debtor's name in item 3

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 AND Check one of these three boxes to

This Change affects Debtor or Secured Party of record CHANGE name and/or address Complete item 6a or 6b, and item 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 6c

6 CURRENT RECORD INFORMATION Complete for Party Information Change - provide only one name (6a or 6c)

6a ORGANIZATION'S NAME
ANNEX PLATING LLC

OR

6c 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 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

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7c MAILING ADDRESS

1 WARREN AVE	CITY NORTH PROVIDENCE	STATE RI	POSTAL CODE 02911	COUNTRY USA
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8 COLLATERAL CHANGE. ALL check one of these four boxes ADD collateral DELETE collateral RE-STATE covered collateral ASSIGN collateral

Indicate collateral

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
COASTAL1 CREDIT UNION

OR

9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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10 OPTIONAL FILER REFERENCE DATA
TO BE FILED WITH THE STATE OF RI