

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

|                                                                                                                                 |                      |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)<br>Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 |                      |
| B. E-MAIL CONTACT AT SUBMITTER (optional)<br>uccfilingreturn@wolterskluwer.com                                                  |                      |
| C. SEND ACKNOWLEDGMENT TO (Name and Address) 10104 - Caterpillar                                                                |                      |
| Lien Solutions<br>P.O. Box 29071<br>Glendale, CA 91209-9071                                                                     | 95946730<br><br>RIRI |
| File with: Secretary of State, RI<br><b>SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</b>                                     |                      |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
202329736800 10/11/2023 SS RI

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. If so, attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13.

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 CHANGECheck 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 6b.

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

|                         |                          |                     |                               |        |
|-------------------------|--------------------------|---------------------|-------------------------------|--------|
| 6a. ORGANIZATION'S NAME |                          |                     |                               |        |
| 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           |                          |  |  |        |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) |                          |  |  | SUFFIX |

|                     |      |       |             |         |
|---------------------|------|-------|-------------|---------|
| 7c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|---------------------|------|-------|-------------|---------|

8. COLLATERAL CHANGE Check only one box: ☐ ADD collateral ☐ DELETE collateral ☒ RESTATE covered collateral ☐ ASSIGN\* collateral

Indicate collateral:

\*Check ASSIGN COLLATERAL only if the assignor's power to amend the record is limited to certain collateral and describe the collateral in Section 8.

ONE (1) CATERPILLAR 310-07 Hydraulic Excavator S/N: GWT03513 WITH ONE HYDRAULIC COUPLER, HYDRAULIC THUMB, 36" BUCKET, AND 47" GRADING BUCKET

And substitutions, replacements, additions and accessions thereto, now owned or hereafter acquired and proceeds thereof. The above collateral is within the scope of Article 9 of the Uniform Commercial Code (if this statement is filed in New Jersey, specifically Chapter 9 of Title 12A, pursuant to 12A:9-102 and 12A:9-109).

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<br>Caterpillar Financial Services Corporation |                          |                     |                               |        |
| OR                                                                    | 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

## 10. OPTIONAL FILER REFERENCE DATA Debtor Name: R.P.A. SERVICES, LLC

95946730

001-70121268

001-70121268

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

### FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form

202329736800 10/11/2023 SS RI

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

12a. ORGANIZATION'S NAME

Caterpillar Financial Services Corporation

OR

12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

R.P.A. SERVICES, LLC.

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:

R.P.A. SERVICES, LLC - 189 HYDE STREET, Cranston, RI 02920

Secured Party Name and Address:

Caterpillar Financial Services Corporation - 2120 West End Avenue, Nashville, TN 37203

15. This FINANCING STATEMENT AMENDMENT

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

17. Description of real estate

16. Name and address of a RECORD OWNER of real estate described in item 17  
(if Debtor does not have a record interest)