RI SOS Filing Number: 202329945590 Date: 12/6/2023 10:32:00 AM UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) B. E-MAIL CONTACT AT SUBMITTER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer: attach Amendment Addendum 18. INITIAL FINANCING STATEMENT FILE NUMBER 202228239420 12/20/2022 (Form UCC3Ad) and provide Debtor's name in item 13. 2 X TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(a) of Secured Part(y)(les) authorizing this Termination Statement ASSIGNMENT. 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, check ASSIGN Collarers' box in item 8 and describe the affected collareral in item 8. 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 PARTY INFORMATION CHANGE AND Check one of these three boxes to: CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b and item 7c ADD name: Complete Item
Ta or 7b, and Item 7c

ADD name: Complete Item
Te DELETE name: Give record in them 6e or 6b This Change affects Debtor or Secured Party of record 5. CURRENT RECORD INFORMATION; Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME OR 66. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 7. CHANGED OR ADDED INFORMATION: Complete to Assignment or Party Information Change - provide only gray name (7a or 7b) (use suppl, Mil rame; do not omit, modify, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME 76. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) SUFFIX 7c, MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY OELETE ootlateral ASSIGN* collateral COLLATERAL CHANGE: ADD collateral RESTATE ocvered collateral Check only one box: Indicate collaterat: *Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only gog name (9e 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 Citizens Bank, N.A., as Administrative Agent OR 96. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME (SYINITIAL (S) SUFFIX 10. OPTIONAL FILER REFERENCE DATA: F#911080

Filed with: RI - Secretary of State; Debtor: THE ALMON COMPANY - CM # 12685.01342

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