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UCC FINANCING STATEMENT AMEND FOLLOW INSTRUCTIONS	MENT					
A NAME & PHONE OF CONTACT AT SUBMITTER (optional) Name Wolters Kluwer Lien Solutions Phone 800-331-3	3282 Fax: 81	18-662-4141]			
B E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com			1			
C. SEND ACKNOWLFDGMENT TO: (Name and Address) 381	132 - Seaco	ast National	1			
Lien Solutions P.O. Box 29071	979213	397				
Glendale, CA 91209-9071	RIRI					
File with: Secretary of State. RI SEE BELOW FOR SECURED PARTY CONTACT	INFORMAT		THE ABOVE S	PACE IS F	OR FILING OFFICE US	SE ONLY
18. INITIAL FINANCING STATEMENT FILE NUMBER 201921498550 8/26/2019 SS RI		<u>-</u> .	' (or recorded) in the H	EAL ESTATE	ENDMENT is to be filed (f : RECORDS im UCC3Ad) <u>and</u> provide Debl	
 TERMINATION: Effectiveness of the Financing Statement identification. 	itified above is	terminated with	respect to the security intere	st(s) of Secur	ed Party authorizing this Ti	e:mination
ASSIGNMENT (full or partial). Provide name of Assigned in iten For partial assignment, complete items 7 and 9 <u>and</u> also indica				of Assignor in	item 9	
4 CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law	entified above	with respect to t	he security interest(s) of Secu	ired Party aut	honzing this Continuation	Statement is
5. PARTY INFORMATION CHANGE				·		
Check one of these two tables	CHANG	I these three box Eigame and/or a	ddress CompleteADD	name Compli		Give record name
This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION Complete for Party Information				7b, <u>and</u> item ?	7c to be deleted in	item balor bo
6a ORGANIZATION'S NAME		· <u>—</u>	<u> </u>			
B & C AUTO, INC. OR 66 INDIVIDUAL'S SURNAME	T	FIRST PERSONA	L NAME	ADDITK	NAL NAME(SYINITIAL(S)	SUFFIX
			-			
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party 73. ORGANIZATION'S NAME	y Information Char	nge – provide brily o	ne interne (7a or 7b). (ase exact. full n	ume do noi amit	modify, or abbreviale any part of the	re Debrors name)
OR						
76 INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(SYMITIAL'S)					······························	SUFFIX
						1001111
7c MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGF. Check only one box	□ ADD	collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN* collater
Indicate collateral	*Check ASS	GN COLLATERAL O	rly if the assignitie's power to amend the	reward is 1 miled to	certain collateral and describe the co	nAntensi in Secsion 8
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING	G THIS AME	NDMENT: Pro	vide only one name (9a or 9b) (name of As	signor, if this is an Assignm	ent)
If this is an Amendment authorized by a DEBTOR, check here		me of authorizin				··· ,
99 ORGANIZATIONS NAME Seacoast National Bank						
OR 95 INDIVIDUAL'S SUKNAME		FIRST PERSONA	L NAME	ADDITIO	NAL NAME(SYNITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA. Debtor Name: 8 & C						1

RI SOS Filing Number: 202430319990 Date: 3/18/2024 1:22:00 PM

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FO	I OW INSTRUCTIONS					
	NITIAL FINANCING STATEMENT FILE NUMBER Same as item 1 921498550 8/26/2019 SS RI	a on Amendment form]		
_				{		
12.	NAME OF PARTY AUTHORIZING THIS AMENDMENT. Same as a	lem 9 on Amendment for	<u> </u>	4		
	Seacoast National Bank					
			 -	1		
OR	176 INDIVIDUAL'S SURNAME					
	- Av IIIII V. John S S S S S S S S S S S S S S S S S S S					
	FIRST PERSONAL NAME			1		
	ADDITIONAL NAME (SYINITIAL (S)		SUFFIX	-		
				THE ABOVE S	PACE IS FOR FILING OFFICE U	SE ONLY
13.	Name of DEBTOR on related financing statement (Name of a curre one Debtor name (13a or 13b) (use exact, full name, do not omit, n					m 13) Provide only
	13a ORGANIZATION'S NAME	roony, or abbreviate any	part of the Deb	to a narie), aemirate	ictions a tra-ne does not no	
	B & C AUTO, INC.					
OR	136 INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME		ADDITIONAL NAME (SYPHITIAL (S)	SUFFIX
14	ADDITIONAL SPACE FOR (CHECK ONE BOX)	ITEM 8 (Collater	-I) OB	D THE O IN COR	MATION (Please Describe)	
Del	tor Name and Address: C AUTO, INC 188 Connell Highway . Newport, RI 0		ai) UK	(JOINER INFOR	MATION (Please Describe)	
15.	This FINANCING STATEMENT AMENDMENT		17. Descrip	tion of real estate.		
	covers timber to be cut covers as-extracted collateral	is filed as a fixture fdir				
	Name and address of a RECORD OWNER of real estate described if Debtor does not have a record interest)	l in item 17	7			
18	MISCELLANEOUS, 9/921397-RI-0 38132 - Searcoast National Ba	Seacoast National Ban	 	File with Secretary of St	ate, RI 2046	