

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT FILER (optional) Alexandra W. Pezzello, Esq. 401-861-8200
B E-MAIL CONTACT AT FILER (optional) dwildgoose@psh.com
C SEND ACKNOWLEDGMENT TO (Name and Address) <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Lien Solutions PO Box 29071 Glendale, CA 91209-9071 Order 98216287 </div>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DEBTOR'S NAME Provide only one Debtor name (1a or 1b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in the 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a ORGANIZATION'S NAME J. ARTHUR TRUDEAU MEMORIAL CENTER	OR			
1b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c MAILING ADDRESS 3445 Post Road	CITY Warwick	STATE RI	POSTAL CODE 02886	COUNTRY USA

2 DEBTOR'S NAME Provide only one Debtor name (2a or 2b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in the 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a ORGANIZATION'S NAME	OR			
2b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
2c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3 SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a ORGANIZATION'S NAME The Washington Trust Company	OR			
3b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c MAILING ADDRESS 23 Broad Street	CITY Westerly	STATE RI	POSTAL CODE 02891	COUNTRY USA

4 COLLATERAL This financing statement covers the following collateral

All assets of the Debtor, including without limitation all tangible and intangible personal property and all fixtures.

5 Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions); <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public Finance Transaction; <input type="checkbox"/> Manufactured-Home Transaction; <input type="checkbox"/> A Debtor is a Transmitting Utility; <input type="checkbox"/> Agricultural Lender; <input type="checkbox"/> Non-UCC Filing	6b Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Bailor/Bailed; <input type="checkbox"/> Licensee/Licensed
7 ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessor/Lessor; <input type="checkbox"/> Consignor/Consignee; <input type="checkbox"/> Seller/Buyer; <input type="checkbox"/> Bailor/Bailed; <input type="checkbox"/> Licensee/Licensed	

8 OPTIONAL FILER REFERENCE DATA
To be filed with the Rhode Island Secretary of State