	CC FINANCING STATEMENT AMEN	IDMENT					
	NAME & PHONE OF CONTACT AT SUBMITTER (options time: Wolters Kluwer Lien Solutions Phone: 800-33		818-662-414	1			
В.	F-MAII. CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com			7			
C.	SEND ACKNOWLEDGMENT TO. (Name and Address)	32814 - THE					
[	Lien Solutions P.O. Box 29071 Clandala CA 01200 0071	98785 RIRI	5103				
Į	Glendale, CA 91209-9071  File with: Secretary of State, RI  SEE BELOW FOR SECURED PARTY CONTA	FIXTU		THE AROVE	SPACE IS E	OR FILING OFFICE	LISE ONLY
	NITIAL FINANCING STATEMENT FILE NUMBER 2124367290 3/17/2021 SS RI	OT IIII OKWI		15. This FINANCING ST (or recorded) in the I	ATEMENT AF	MENDMENT is to be file	ed (for record)
2 (2	TERMINATION Effectiveness of the Financing Statement statement	evoda beilitneb	is terminated wi				
3. [	ASSIGNMENT (full or partial): Provide name of Assignee in For partial assignment, complete items 7 and 9 and also in				of Assigner in	n item 9	
4. [	CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable ta		e with respect to	the security interest(s) of Sec	ored Party au	thorizing this Continuat	ion Statement is
5. [	PARTY INFORMATION CHANGE			- · · · · · · · · · · · · · · · · · · ·			
	theck <u>one</u> of these two boxes  his Change affects Debtor or Secured Party of record		IGE name and/or	address CompleteADD	name Comp		ame. Give record name.
_	his Change affects Debtor or Secured Party of record URRENT RECORD INFORMATION Complete for Party Inform				r 7b, <u>ar</u> d ilem	/c to be delete	ed in item 6a or 6b
	5a ORGANIZATION'S NAME	- Old Oldinge	provide drily <u>dr</u>	e name (on the op)			
QR	Wickford Boat Rentals, LLC						
)(	66 INDIVIDUAL'S SURNAME		FIRST PERSON	NAL NAME	ADDITIO	(2) IAITINIYZ) 3MAN JAK	SUFFIX
7. C	HANGED OR ADDED INFORMATION. Complete for Assignment or	Party information Ch	unge - provide only	rong name (7a or 7b) (use exact full	name do noto-nit	modify, or abbreviate any par	t of the Debtors name)
	7a ORGANIZATION'S NAME						
OR	76 INDIVIDUAL'S SJANAME						
	INDIVIDUAL'S FIRST PERSONAL NAME			<del>-, .</del>			
	(S) JAIT, N. (S) 3 MAA JAAO) TIGGA S'JA UCIVIDNI			<del></del>			SUFFIX
7c I	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
		_					
8.	COLLATERAL CHANGE Check only one box	ADI	D collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN* collateral
	Indicate cot'ateral	*Check AS	SS GN COLLATERAL	only if the assignee's power to amend the	record is imited k	scertain collaboral and describe	the cotaleral in Section 8
	AME OF SECURED PARTY OF RECORD AUTHORIZ this is an Amendment authorized by a DEBTOR, check here.	_	ENDMENT: Prame of authorize		b) (name of As	signor, if this is an Assi	grmert)
	99 ORGANIZATION'S NAME  The Washington Trust Company, of Wester						
OR	SE INDIVIDUAL'S SURNAME	· y 	FIRST PERSON	VAL NAME	Appril	INAL NAME(SYINITIAL(S)	SUFFIX
i				- · ·			"
10 C	OPTIONAL FILER REFERENCE DATA Debtor Name: W	ickford Boat I	Rentals, LLC		ı		
987	85103 Jason A. Costa					96571700	

RI SOS Filing Number: 202430543520 Date: 5/10/2024 3:06:00 PM

JCC FINANCING STATEMENT AME OLLOW INSTRUCTIONS					
1. INITIAL FINANCING STATEMENT FILE NUMBER Same a 202124367290 3/17/2021 SS RI	as item 1a on Amero	dment form			
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT. Sa	ame as item 9 on Ari	mendment form			
120 ORGANIZATION'S NAME					
The Washington Trust Company, of West	terly				
OR 126 INDIVIDUAL 5 SURNAME		,			
FIRST PERSONAL NAME		<u> </u>			
ADDITIONAL NAME(SYMITIAL(S)		SUFFIX			
13 Name of DEBTOR on related financing statement (Name of one Debtor name (13a or 13b) (use exact, full name, do no			purposes only in son		
13a ORGANIZATION'S NAME		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del></del>	
Wickford Boat Rentals, LLC					
OR 136 INDIVIDUAL'S SURNAME	<del></del>	FIRST PERSONAL NAME		ADDITIONAL NAME(SYINITIALIS)	SUFFIX
Debtor Name and Address:		EM 8 (Collateral) OR	OTHER INFOR	(MATION (Please Describe)	
14. ADDITIONAL SPACE FOR (CHECK ONE BOX) Debtor Name and Address: Nickford Boat Rentals, LLC - 11 Quail Hollow Drive Secured Party Name and Address: The Washington Trust Company, of Westerly - 23 B	e , Exeter, RI 028	322 esteriy, RI 02891	OTHER INFOR	MATION (Please Describe)	

Jason A. Costa 95571700

replacements and substitutions relating to any of the foregoing; all records of any kind relating

[ See Exhibit for Real Estate ]

File with: Secretary of State, RI

The Washington Trust Company, of

18 MISCELLANEOUS 98785103-RI-0 32814 THE WASHINGTON TRUST

**Debtor:** Wickford Boat Rentals, LLC

## **Exhibit for Real Estate**

## 17. Description of real estate: Continued

to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds).