

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT SUBMITTER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
B E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 32814 - THE <div>Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div> <div>99110610 RIRI</div> <div>File with: Secretary of State, RI</div> <div>SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</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 line 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 NARRAGANSETT MEDICAL BUILDING CONDOMINIUM ASSOCIATION INC.				
OR	1b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c MAILING ADDRESS 360 KINGSTOWN ROAD, UNIT 205		CITY NARRAGANSETT	STATE RI	POSTAL CODE 02882
			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 line 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, of Westerly				
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 inventory, equipment, accounts (including but not limited to all health-care-insurance receivables), chattel paper, instruments (including but not limited to all promissory notes), letter-of-credit rights, letters of credit, documents, deposit accounts, investment property, money, other rights to payment & performance, and general intangibles (including but not limited to all software and all payment intangibles); all oil, gas & other minerals before extraction; all oil, gas, other minerals & accounts constituting as-extracted collateral; all fixtures; all timber to be cut; all attachments, accessions, accessories, fittings, increases, tools, parts, repairs, supplies, & commingled goods relating to the foregoing property, & all additions, replacements of and substitutions for all or any part of the foregoing property; all insurance refunds relating to the foregoing property; all good will relating to the foregoing property; all records & data and embedded software relating to the foregoing property, and all equipment, inventory and software to utilize, create, maintain and process any such records & data on electronic media; & all supporting obligations relating to the foregoing property; all whether now existing or hereafter arising, whether now owned or hereafter acquired or whether now or hereafter subject to any rights in the foregoing property; & all products and proceeds (including but not limited to all insurance payments) of or relating to the foregoing property. Exhibit A to financing statement attached.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable) ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA

99110610

MBE

\$200,000

EXHIBIT A TO FINANCING STATEMENT

All common charges and assessments now or hereafter levied and assessed against or collected from the owners of units of the Narragansett Medical Building Condominium, a condominium located at 360 Kingstown Road, Narragansett, RI (the "Condominium") or collected from other third parties, Debtor's right and authority to adopt and implement budgets, to levy common charges, parking fees, and assessments and to enforce payment and to collect the same; all liens, guaranties, securities, rights, remedies and privileges, statutory, by covenant and otherwise, and more particularly those which permit Debtor to effect the collection of unpaid common charges, parking fees, and assessments pursuant to the provisions of the condominium documents and Rhode Island General Laws, Chapter 34-36.1; all other income, rents and profits and interest thereon received by or on behalf of Debtor from all sources whatsoever, subject, however, to rights of mortgagees of units; all casualty insurance policies and proceeds thereof maintained by the Debtor on the Condominium; any awards from any taking of or condemnation or eminent domain proceedings relating to the Condominium; all accounts receivable, contract rights and chattel paper, regardless of whether or not they constitute proceeds of other collateral; all obligations owing to Debtor of every kind and nature, and all choses in action; all tax refunds of every kind and nature to which Debtor is now or hereafter may become entitled no matter however arising, including, without limitation, loss carry back refunds; all cash, documents and instruments; all equipment, machinery and furniture of the Debtor.

All as set forth in a Security Agreement and a Conditional Assignment of Income, both dated May 30, 2024.