

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A NAME &amp; PHONE OF CONTACT AT FILER (optional)

B E-MAIL CONTACT AT FILER (optional)

C SEND ACKNOWLEDGMENT TO: (Name and Address)

Kutak Rock LLP  
1650 Farnam Street  
Omaha, Nebraska 68102  
Attention: Neal D. McMahon, Esq.

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<br><b>HARRIS HOUSE PARTNERS, LP</b> |                         |                           |                               |                             |
| OR   | 1b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME       | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                      |
| 1c MAILING ADDRESS<br><b>5 Cathedral Square</b>            |                         | CITY<br><b>Providence</b> | STATE<br><b>RI</b>            | POSTAL CODE<br><b>02903</b> |
|  |                         |                           | COUNTRY<br><b>USA</b>         |                             |

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<br><b>AFFORDABLE HOUSING TRUST FUND</b> |                         |                           |                               |                             |
| OR   | 3b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME       | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                      |
| 3c MAILING ADDRESS<br><b>44 Washington Street</b>              |                         | CITY<br><b>Providence</b> | STATE<br><b>RI</b>            | POSTAL CODE<br><b>02903</b> |
|  |                         |                           |                               | COUNTRY<br><b>USA</b>       |

4 COLLATERAL This financing statement covers the following collateral:

All fixtures and all tangible and intangible personal property of the Debtor, whether now owned or hereafter acquired or in which Debtor may now have or hereafter acquire an interest, including, without limitation, all fixtures, documents, instruments, chattel paper, accounts, contract rights, general intangibles, inventory, goods, equipment and other property, and the products and proceeds thereof, in each case howsoever evidenced and wheresoever located, in order to secure that certain loan from Secured Party to Debtor in the amount of \$5,000,000.00.

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

To be filed with the Rhode Island Secretary of State

International Association of Commercial Administrators (IACA)

FILING OFFICE COPY - UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)