

UCC FINANCING STATEMENT AMENDMENT

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) 35775 - BROOKLINE	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	100933555 RIRI
File with Secretary of State, RI SEE BELOW FOR SECURED PARTY CONTACT INFORMATION	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILE NUMBER
202125615570 10/7/2021 SS RI1b ☐ This FINANCING STATEMENT AMENDMENT is to be filed (for record)
(or recorded) in the REAL ESTATE RECORDS
Filer attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 132. ☐ TERMINATION Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement3. ☐ ASSIGNMENT (full or partial) Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c, and name of Assignor in item 9
For partial assignment complete items 7 and 9 and also indicate affected collateral in item 84. ☐ CONTINUATION Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law5. ☒ PARTY INFORMATION CHANGE

Check one of these two boxes

AND Check one of these three boxes to

This Change affects ☒ Debtor or ☐ Secured Party of record☐ CHANGE name and/or address Complete item 6a or 6b and item 7a or 7b and item 7c☐ ADD name Complete item 7a or 7b and item 7c☒ DELETE name Give record name to be deleted in item 6a or 6b

6 CURRENT RECORD INFORMATION Complete for Party Information Change - provide only one name (6a or 6b)

6a ORGANIZATION'S NAME

Casino Bound Donuts, LLC

OR 6b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX
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7 CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (Use exact full name, do not omit, modify, or abbreviate any part of the Debtor's name)

7a ORGANIZATION'S NAME

OR 7b INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST PERSONAL NAME	INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S)	SUFFIX
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7c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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8 COLLATERAL CHANGE Check only one box
Indicate collateral ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral
*Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8

9 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

If this is an Amendment authorized by a DEBTOR check here ☐ and provide name of authorizing Debtor

9a ORGANIZATION'S NAME

Bank Rhode Island

OR 9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX
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10 OPTIONAL FILER REFERENCE DATA Debtor Name: 1484 MSA Donuts, LLC

100933555

35775

Tom Fitzgerald

Prepared by Lien Solutions, P.O. Box 29071
Glendale, CA 91209-9071 Tel: (800) 331-3282

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form

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12. NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME

Bank Rhode Island

OR

12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see instruction item 13). Provide only one Debtor name (13a or 13b) (use exact, full name, do not omit, modify or abbreviate any part of the Debtor's name), see Instructions if name does not fit

13a. ORGANIZATION'S NAME

Casino Bound Donuts, LLC

OR

13b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14. ADDITIONAL SPACE FOR (CHECK ONE BOX)

☐ ITEM 8 (Collateral) OR

☐ OTHER INFORMATION (Please Describe)

Debtor Name and Address

1484 MSA Donuts, LLC - 280 Merrimack Street, Methuen, RI 01844

1592 MSA Donuts, LLC - 280 Merrimack Street, Methuen, RI 01844

1871 MSA Donuts, LLC - 280 Merrimack Street, Methuen, RI 01844

Allens Ave Donuts, LLC - 280 Merrimack Street, Methuen, RI 01844

Atwells Ave Donuts, LLC - 280 Merrimack Street, Methuen, RI 01844

Atwood Donuts, LLC - 280 Merrimack Street, Methuen, RI 01844

Casino Bound Donuts, LLC - 280 Merrimack Street, Methuen, RI 01844

Chopmist Donuts, LLC - 280 Merrimack Street, Methuen, RI 01844

Hartford Ave Donuts, LLC - 280 Merrimack Street, Methuen, RI 01844

MSA Donuts, LLC - 280 Merrimack Street, Methuen, RI 01844

Smithfield Ave Donuts, LLC - 280 Merrimack Street, Methuen, RI 01844

Iced Coffee, LLC - 280 Merrimack Street, Methuen, RI 01844

Secured Party Name and Address

Bank Rhode Island - One Turks Head Place, Providence, RI 02903

15. This FINANCING STATEMENT AMENDMENT

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17
(if Debtor does not have a record interest)

17. Description of real estate