

## UCC FINANCING STATEMENT AMENDMENT

## FOLLOW INSTRUCTIONS

<b>A NAME &amp; PHONE OF CONTACT AT SUBMITTER (optional)</b> Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
<b>B E-MAIL CONTACT AT SUBMITTER (optional)</b> uccfilingreturn@wolterskluwer.com	
<b>C SEND ACKNOWLEDGMENT TO (Name and Address)</b> 34785 - BROOKLINE <div style="display: flex; justify-content: space-between;"><div>Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div>100885869  RIRI</div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">File with: Secretary of State, RI <b>SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</b></div>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

<b>1a. INITIAL FINANCING STATEMENT FILE NUMBER</b> 201921684520 10/15/2019 SS RI	<b>1b.</b> <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer <u>attach</u> Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13																
<b>2.</b> <input type="checkbox"/> <b>TERMINATION</b> Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement:																	
<b>3.</b> <input type="checkbox"/> <b>ASSIGNMENT</b> (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 8																	
<b>4.</b> <input checked="" type="checkbox"/> <b>CONTINUATION</b> 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 law																	
<b>5.</b> <input type="checkbox"/> <b>PARTY INFORMATION CHANGE:</b> Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record <b>AND</b> Check <u>one</u> of these three boxes to: <input type="checkbox"/> CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b and item 7c <input type="checkbox"/> ADD name. Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name. Give record name to be deleted in item 6a or 6b																	
<b>6. CURRENT RECORD INFORMATION</b> Complete for Party Information Change - provide only <u>one</u> name (6a or 6b) <table border="1" style="width: 100%;"><tr><td colspan="4"><b>6a ORGANIZATION'S NAME</b> Office Recycling Solutions LLC</td></tr><tr><td style="width: 40%;"><b>6b INDIVIDUAL'S SURNAME</b></td><td style="width: 30%;"><b>FIRST PERSONAL NAME</b></td><td style="width: 20%;"><b>ADDITIONAL NAME(S) INITIAL(S)</b></td><td style="width: 10%;"><b>SUFFIX</b></td></tr></table>		<b>6a ORGANIZATION'S NAME</b> Office Recycling Solutions LLC				<b>6b INDIVIDUAL'S SURNAME</b>	<b>FIRST PERSONAL NAME</b>	<b>ADDITIONAL NAME(S) INITIAL(S)</b>	<b>SUFFIX</b>								
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<b>7. CHANGED OR ADDED INFORMATION.</b> Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) <table border="1" style="width: 100%;"><tr><td colspan="4"><b>7a ORGANIZATION'S NAME</b></td></tr><tr><td colspan="4"><b>7b INDIVIDUAL'S SURNAME</b></td></tr><tr><td colspan="4"><b>INDIVIDUAL'S FIRST PERSONAL NAME</b></td></tr><tr><td colspan="3"><b>INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S)</b></td><td><b>SUFFIX</b></td></tr></table>		<b>7a ORGANIZATION'S NAME</b>				<b>7b INDIVIDUAL'S SURNAME</b>				<b>INDIVIDUAL'S FIRST PERSONAL NAME</b>				<b>INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S)</b>			<b>SUFFIX</b>
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<b>7c. MAILING ADDRESS</b> <table border="1" style="width: 100%;"><tr><td style="width: 40%;">CITY</td><td style="width: 10%;">STATE</td><td style="width: 20%;">POSTAL CODE</td><td style="width: 30%;">COUNTRY</td></tr></table>		CITY	STATE	POSTAL CODE	COUNTRY												
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<b>8. COLLATERAL CHANGE</b> Check only <u>one</u> box: Indicate collateral: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN* collateral <small>*Check ASSIGN COLLATERAL only if the assignment power to amend the record is limited to certain collateral and does not cover the collateral in Section 8</small>																	

**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

<b>9a ORGANIZATION'S NAME</b> BANK RHODE ISLAND			
<b>9b INDIVIDUAL'S SURNAME</b>	<b>FIRST PERSONAL NAME</b>	<b>ADDITIONAL NAME(S) INITIAL(S)</b>	<b>SUFFIX</b>

**10. OPTIONAL FILER REFERENCE DATA.** Debtor Name: Office Recycling Solutions LLC  
100885869 319 3619

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## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11 INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form 201921684520 10/15/2019 SS RI	
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

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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 Office Recycling Solutions 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:

Office Recycling Solutions LLC - 1372 Main St , Coventry, RI 02816

Secured Party Name and Address:

BANK RHODE ISLAND - One Turks Head Place , Providence, RI 02903

15 THIS FINANCING STATEMENT AMENDMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> is filed as a fixture filing	17 Description of real estate
16 Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest)	