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RI SOS Filling Number: 2	02431111	160 Dat	e: 10/3/2024 3:3 <sup>2</sup>	1:00 F	ZIVI	
UCC FINANCING STATEMENT AME	NDMENT					
FOLLOW INSTRUCTIONS			1			
A NAME & PHONE OF CONTACT AT SUBMITTER (optional Name: Wolters Kluwer Lien Solutions Phone: 800-	onal) 331-3282 Fax: 8	318-662-4141				
B F-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com						
C SEND ACKNOWLEDGMENT TO (Name and Address)	60683 - Wind	sor Federal				
Lien Solutions	10099	4858				
P.O. Box 29071 Glendale, CA 91209-9071	RIRI	·				
	• • • • • • • • • • • • • • • • • • • •					
File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY CONT	TACT INFORMA	TION	THE AROVE SDA	CE 18 E	OR FILING OFFICE US	E ONLY
1a INITIAL FINANCING STATEMENT FILE NUMBER	A CT IIII CILIII	i <sup>11</sup>	This FINANCING STATE	MENT AN	IENDMENT is to be fred [fo	
201414406000 10/20/2014 SS RI				lendum (Fo	rm UCC3Ad) <u>and</u> provide Debt	
2 TERMINATION Effectiveness of the Financing Statemer Statement	t identified above ii	s terminated with ri	espect to the security interest(s	) of Securi	ed Party authorizing this Te	rmination
ASSIGNMENT (full or partial). Provide name of Assignee     For partial assignment, complete items 7 and 9 and also			ignee in item 7c and name of A	ssignor in	ıtem 9	
CONTINUATION. Effectiveness of the Financing Statemer continued for the additional period provided by applicable.	ent identified above law	with respect to the	e security interest(s) of Secured	Party aut	horizing this Continuation S	Statement is
5. PARTY INFORMATION CHANGE.				<del></del>	•	· ,
Check one of these two boxes	CHAN	of these three boxes GE game and/or add	fress Complete, ADD nam	ie Comple	ete itomCFI,ETE name	Give record name
This Change affects Debtor or Secured Party of record  6. CURRENT RECORD INFORMATION Complete for Party Info		or 6b. <u>and</u> item 7a provide only one n		and item /	to be deleted in	item 6a or 65
69 ORGANIZATION'S NAME			<u> </u>			<del></del>
OR GO INDIVIDUAL 5 SURNAME	ASSOCIATIO	N, INC. Teirst personal	NAME	Labbizio	ALAN ALANGERS STRUCTURE OF	Lousew
		INS FERBOIDE	TO COLUMN TO THE COLUMN THE COLUMN TO THE CO	ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment	or Party Information (Du	ance provide only one	name (7a or 7b) (use exact, full name,	do not cmit,	modify, or abbreviate any port of th	e Deblor's name)
70 ORGANIZATIONS NAME						
OR 75 INDIVIDUAL'S SURNAME		-			<del></del>	
INDIVIDUAL'S FIRST PERSONAL NAME		<del></del>				
INDIVIDUAL S FIRST PERSONAL NAME						
INDIVIDUAL'S AUDITIONAL NAME(S)	<del>-</del>	*****				SUFFIX
/c MAILING ADDRESS		LCITY		STATE	TPOSTAL CODE	- CO
		CITT		SIRIE	POSTAL COOR	COUNTRY
8. COLLATERAL CHANGE Check only one box	ADD	) collateral	DELETE collateral R	ESTATE	covered collateral	ASSIGN* collateral
Indicate collateral	Check AS	SIGN COLLATERAL 6-19	if the assigned's power to amend the recon	d is limited to		
A NAME OF SECURED DARRY PECOND AND INC.						
<ol> <li>NAME OF SECURED PARTY OF RECORD AUTHOR of this is an Amendment authorized by a DEBTOR, check here</li> </ol>	_	NDMENT Provi ame of authorizing		arre of Ass	signor, if this is an Assignme	int)
93 ORGANIA KOVS NAME WINDSOR FEDERAL SAVINGS AND LO	———— АN		<del></del>	-		<del></del>
OR 95 INDIVIDUAL'S SURNAME	(1) <b>1</b>	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX
	i					
	OAKWOOD GA	RDENS COND	OMINIUM ASSOCIATION	N, INC.	<del>.</del>	<del></del>
100994858 UCC						

## **UCC FINANCING STATEMENT AMENDMENT ADDENDUM**

FOI	LLOW INSTRUCTIONS	DINCINI ADDEI	10011	4		
_	INITIAL FINANCING STATEMENT FILE NUMBER. Same as item	n 1a on Amendment form		٦ ·		
	1414406000 10/20/2014 SS RI			ł		
12,	NAME OF PARTY AUTHORIZING THIS AMENDMENT. Same a	is item 9 on Amendment t	lorm	1		
	12a ORGANIZATION'S NAME			1		
	WINDSOR FEDERAL SAVINGS AND LOAN					
				1		
OR						
UK	125 INDIVIDUAL S SURNAME		-	1		
	FIRST PERSONAL NAME	-				
	12070		•	_		
	ADDITIONAL NAME(S)		SUFFIX	1		
		<del>-</del> .			SPACE IS FOR FILING OFFICE US	
13.	Name of DEBTOR on related financing statement (Name of a culone Debtor name (13a or 13b) (use exact, full name, do not omit	rrent Debtor of record rec t_modify_or abbreviate ai	juired for indexing ny part of the Del	g purposes only in son btor's name), see lostr	ne filing offices - see Instruction item actions if name does not fit	i 13); Provide only
	13a ORGANIZATION'S NAME		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	OAKWOOD GARDENS CONDOMINIUM ASS	SOCIATION, INC.				
OR			RSONAL NAME		ADDITIONAL NAME(SYNITIAL(S)	SUFFIX
					,	
14	ADDITIONAL SPACE FOR (CHECK ONE BOX):	ITFM 8 (Colla	teral\ OR	OTHER INLOS	MATION (Please Describe)	
Det	otor Name and Address:					
UA	KWOOD GARDENS CONDOMINIUM ASSOCIATION	N, INC 307 SMITH	FIELD ROAD	, NURTH PROVI	DENCE, RI 02904	
15.	This FINANCING STATEMENT AMENDMENT		17. Descrip	otion of real estate	-	
	covers timber to be cut covers as-extracted collateral	s filed as a fixture l	filing			
	Name and address of a RECORD OWNER of real estate describ (if Deblor does not have a record interest)	ed in item 17				
	•					
_						
18	MISCELLANEOUS 100994858-RI-G 60683 - Windsox Federal Bank	WINDSOR FEDERA	L SAVINGS AND	Fire with   Secretary of S	rate RI UCC	