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C FINANCING STATEMENT A LOW INSTRUCTIONS AME & PHONE OF CONTACT AT SUBMITTER ne. Wolters Kluwer Lien Solutions Phone: 8 -MAIL CONTACT AT SUBMITTER (optional) uccfflingreturn@wolterskluwer.com END ACKNOWLEDGMENT TO: (Name and Add	(optional)		. '			
LOW INSTRUCTIONS AME & PHONE OF CONTACT AT SUBMITTER ne. Wolters Kluwer Lien Solutions Phone: & -MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com	(optional)	52- 414 1	1			
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ne. Wolters Kluwer Lien Solutions Phone: 8 -MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com		62-4141	1			
uccfilingreturn@wolterskluwer.com						
_	dress) 34785 - BROOKLIN	MF	•			
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	10104401 RIRI	_				
File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY OF	CONTACT INFORMATION		THE ABOVE	SPACE IS FO	R FILING OFFICE US	SE ONLY
IITIAL FINANCING STATEMENT FILE NUMBER 908032710 11/12/2009 SS RI		11	(or recorded) in the	REAL ESTATE		•
TERMINATION: Effectiveness of the Financing Statement	tement identified above is termi	nated with r			n UCC3Ad) <u>and</u> provide Debti d Party authorizing this Te	
ASSIGNMENT (full or partial) Provide name of Ass For partial assignment, complete items 7 and 9 and			gnee in item 7c <u>and</u> nami	of Assignor in i	lem 9	
CONTINUATION: Effectiveness of the Financing St continued for the additional period provided by appl	tatement identified above with re licable law	espect to the	a security interest(s) of Se	cured Party auth	onzing this Continuation S	Statement is
PARTY INFORMATION CHANGE:			· :			
eck <u>one</u> of these two boxes:	AND Check one of these					
is Change affects Debtor or Secured Party of r	record CHANGE name tecord term 6a or 6b.	ne and/or add and item 7a		Diname: Complet or 7b, <u>and</u> item 7c		Give record na item 6a or 6b
RRENT RECORD INFORMATION Complete for Pa	rty Information Change - provide	e only <u>one</u> r	ame (6a or 6b)			
60 ORGANIZATION'S NAME SPARTAN INDUSTRIES, INC.			-			
66 INDIVIDUAL'S SURNAME	FIRST	T PERSONAL	NAME	ADDITION	IAL NAME(S) INITIAL(S)	SUFFIX
-						
IANGED OR ADDED INFORMATION: Complete for Assa 7a. Organization's name	ignment or Party Information Change - p	provide only <u>on</u>	name (7s or 7b) (use exact, ful	name, do not omit in	icidify, or abbreviate any part of th	e Deblor's name)
75. INDIVIDUAL'S SURNAME			<u> </u>		<u></u>	
INDIVIDUAL'S FIRST PERSONAL NAME				<u>.</u>		
INDIVIDUAL'S ADUITIONAL NAME (SIGNITIAL(S)						SUFFIX
morroot o room or real (o) in the (o)						SUFFIX
AILING ADORESS	CITY			STATE	POSTAL CODE.	COUNTRY
COLLATERAL CHANGE Check only one box	ADD collate	eral	DELETÉ collateral	RESTATE	overed collateral	ASSIGN* colla
Indicate collateral	*Chirch ASSIGN CC	OLLATERAL ON	of the assignee's power to amend t	he record is limited to o	artain collateral and describe the co	alla terati in Section 8
ME W SECTION DADTY PECONO	THORITING THE CONTROL		d- a-l - · · · · · · · · · · · · · · · · · ·	11.3.4-a 4.5		
ME OF SECURED PARTY OF RECORD AU us is an Amendment authorized by a DEBTOR, check				θυ) (name of Ass	ignor, if this is an Assignm	ent)
ns is an Amendment authorized by a DEBTOR, check 9a ORGANIZATION'S NAME				ያቴ) (nam e of Ass	ignor, if this is an Assignm	ent)
ns is an Amendment authorized by a DEBTOR, check 94 ORGANIZATION'S NAME BANK RHODE ISLAND	here and provide name of	f authorizing	Debtor			
ns is an Amendment authorized by a DEBTOR, check 9a ORGANIZATION'S NAME	here and provide name of		Debtor		ignor, if this is an Assignm	ent) SUFFIX

RI SOS Filing Number: 202431125590 Date: 10/7/2024 3:55:00 PM

314 3614

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS			:			
11. INITIAL FINANCING STATEMENT FILE NUMBER: Samo as 200908032710 11/12/2009 SS RI	item 1a on Amend	ment form				
12, NAME OF PARTY AUTHORIZING THIS AMENDMENT: Sam	no as item 9 on Am	endment form		1		
12a ORGANIZATIONS NAME			\$	1		
BANK RHODE ISLAND				4		
			•			
OR 126. INDIVIDUAL'S SURNAME			· · ·	1		
FIRST PERSONAL NAME				1		
ADDITIONAL NAME(S):INITIAL(S)			SUFFIX	4		
				THE ABOVE S	SPACE IS FOR FILING OFFICE US	E ONLY
13 Name of DEBTOR on related financing statement (Name of a one Debtor name (13a or 13b) (use exact, full name; do not						1 13): Provide only
133. ORGANIZATKINS NAME SPARTAN INDUSTRIES, INC.			· ·			
OR 135. INDIVIDUAL'S SURNAME		FIRST PERSOI	NAL NAME		ADDITIONAL NAME(S) INITIAL(S)	SUFFIX
			į			
14. ADDITIONAL SPACE FOR (CHECK ONE BOX):	ITE	M 8 (Collateral) OR .	DTHER INFOR	MATION (Please Describe)	
Debtor Name and Address: SPARTAN INDUSTRIES, INC 38 POISSON ST., C	LIMBERI AND	RI 02864			·	
	, O.M. D.E. (1.0)	111 02001				
Secured Party Name and Address: BANK RHODE ISLAND - PO BOX 9488 , PROVIDEN	NCE, RI 02940		:			
			•			
			•			
			*			
			:			
15 This FINANCING STATEMENT AMENDMENT:			17. Descri	ption of real estate	-	
covers timber to be cut covers as-extracted coffate	eral 🔲 is filed a:	s a fixture filing	,]	•		
16. Name and address of a RECORD OWNER of real estate det (if Debtor does not have a record interest);	scribed in item 17] ;			
(Section account that a reason a mile cast).						
			İ			
18. MISCELLANEOUS, 101044014-RI-0 34785 BROOKLINE BANK	BANK F	RHODE ISLAND	•	File with: Secretary of S	State, RI 314 3614 314	