

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO (Name and Address)
<div style="border: 1px solid black; padding: 5px;"> <p><b>Robert A. Migliaccio, Esq.</b>  <b>Cameron &amp; Mittleman, LLP</b>                      301 Promenade Street                      Providence, Rhode Island 02908                      rmigliaccio@cm-law.com</p> </div>

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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						
<b>South Kingstown Hotel Associates, LLC</b>						
OR	1b INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
<b>1140 Reservoir Avenue</b>			<b>Cranston</b>	<b>RI</b>	<b>02920</b>	<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						
<b>Rockland Trust Company</b>						
OR	3b INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
<b>288 Union Street</b>			<b>Rockland</b>	<b>MA</b>	<b>02370</b>	<b>USA</b>

4. COLLATERAL: This financing statement covers the following collateral:

**All of the Debtor's right, title and interest in and to account no. 9766 with the Secured Party, any and all substitutions thereof and replacements thereof and any proceeds thereof.**

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  Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable)  Lessee/Lessor  Consignor/Consignor  Seller/Buyer  Bailor/Bailor  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA  
**File with RI SOS**