

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) 13700 - TD BANK
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 101836378 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 202227059830 6/7/2022 SS RI
1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. File with: Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13.

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement.

3. 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 8.

4. 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 law.

5. PARTY INFORMATION CHANGE
Check one of these two boxes: This Change affects Debtor or Secured Party of record.
AND Check one of these three boxes to: CHANGE name and/or address, ADD name, DELETE name.

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)
6a ORGANIZATION'S NAME: SABAR REALTY LLC
OR
6b INDIVIDUAL'S SURNAME, FIRST PERSONAL NAME, ADDITIONAL NAME(S) INITIAL(S), SUFFIX

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: SABAR REALTY, INC.
OR
7b INDIVIDUAL'S SURNAME, INDIVIDUAL'S FIRST PERSONAL NAME, INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S), SUFFIX

7c MAILING ADDRESS: 1052 NORTH MAIN STREET, PROVIDENCE, RI 02904, USA

8. COLLATERAL CHANGE: Check only one box: ADD collateral, DELETE collateral, RESTATE covered collateral, ASSIGN collateral. Indicate collateral.

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: TD BANK, N.A.
OR
9b INDIVIDUAL'S SURNAME, FIRST PERSONAL NAME, ADDITIONAL NAME(S) INITIAL(S), SUFFIX

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: SABAR REALTY, INC. 101836378 4685889-9001 4068

**UCC FINANCING STATEMENT AMENDMENT ADDENDUM**

**FOLLOW INSTRUCTIONS**

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form  
 202227059830 6/7/2022 SS RI

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

|    |  |        |
|----|--|--------|
| OR | 12a ORGANIZATION'S NAME<br>TD BANK, N.A. |        |
|    | 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

|    |   |                     |                               |        |
|----|---|---------------------|-------------------------------|--------|
| OR | 13a ORGANIZATION'S NAME<br>SABAR REALTY LLC |                     |                               |        |
|    | 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:  
 SABAR REALTY, INC. - 1052 NORTH MAIN STREET, PROVIDENCE, RI 02904

Secured Party Name and Address:  
 TD BANK, N.A. - 1701 Route 70 East, Cherry Hill, NJ 08034

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