

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) 35775 - BROOKLINE <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 45%;"><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div style="border: 1px solid black; padding: 5px;">File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</div></div><div style="width: 50%; text-align: center;"><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">102209901</div><div style="border: 1px solid black; padding: 5px;">RIRI</div></div></div>									
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY									
1a INITIAL FINANCING STATEMENT FILE NUMBER 201616068880 1/22/2016 SS RI		1b <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: <u>UCC3Ad</u> Amendment: Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13							
2 <input type="checkbox"/> 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 <input type="checkbox"/> ASSIGNMENT (full or partial) Provide name of Assignee in item 7a or 7b, <u>and</u> address of Assignee in item 7c, <u>and</u> name of Assignor in item 9 For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected collateral in item 8									
4 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> PARTY INFORMATION CHANGE Check <u>one</u> of these two boxes: <input checked="" type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record AND Check <u>one</u> of these three boxes to: <input type="checkbox"/> CHANGE name and/or address. Complete item 6a or 6b, <u>and</u> item 7a or 7b <u>and</u> item 7c <input checked="" type="checkbox"/> ADD name. Complete item 7a or 7b, <u>and</u> item 7c <input type="checkbox"/> DELETE name. Give record name to be deleted in item 6a or 6b									
6 CURRENT RECORD INFORMATION Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)									
<div style="display: flex;"><div style="width: 5%; text-align: right;">OR</div><div style="width: 95%;"><div style="border: 1px solid black; padding: 2px;">6a ORGANIZATION'S NAME</div><div style="border: 1px solid black; padding: 2px;">6b INDIVIDUAL'S SURNAME</div></div></div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"><tr><td style="width: 40%;">FIRST PERSONAL NAME</td><td style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 40%;">SUFFIX</td></tr></table>					FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX							
7 CHANGED OR ADDED INFORMATION 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)									
<div style="display: flex;"><div style="width: 5%; text-align: right;">OR</div><div style="width: 95%;"><div style="border: 1px solid black; padding: 2px;">7a ORGANIZATION'S NAME The Beck Companies Inc</div><div style="border: 1px solid black; padding: 2px;">7b INDIVIDUAL'S SURNAME</div></div></div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"><tr><td style="width: 80%;">INDIVIDUAL'S FIRST PERSONAL NAME</td><td style="width: 20%;">SUFFIX</td></tr><tr><td colspan="2">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</td></tr></table>					INDIVIDUAL'S FIRST PERSONAL NAME	SUFFIX	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		
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<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%;">7c MAILING ADDRESS 20 Providence Pike</td><td style="width: 20%;">CITY North Smithfield</td><td style="width: 10%;">STATE RI</td><td style="width: 15%;">POSTAL CODE 02896</td><td style="width: 15%;">COUNTRY USA</td></tr></table>					7c MAILING ADDRESS 20 Providence Pike	CITY North Smithfield	STATE RI	POSTAL CODE 02896	COUNTRY USA
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8 COLLATERAL CHANGE 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 assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 9</small>									
9 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor									
<div style="display: flex;"><div style="width: 5%; text-align: right;">OR</div><div style="width: 95%;"><div style="border: 1px solid black; padding: 2px;">9a ORGANIZATION'S NAME BANK RHODE ISLAND</div><div style="border: 1px solid black; padding: 2px;">9b INDIVIDUAL'S SURNAME</div></div></div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"><tr><td style="width: 40%;">FIRST PERSONAL NAME</td><td style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 40%;">SUFFIX</td></tr></table>					FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX							
10 OPTIONAL FILER REFERENCE DATA Debtor Name: Cas Acquisition Co., LLC 102209901 BRI C&I 380 - 3200 Tom Fitzgerald									

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11 INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form
201616068880 1/22/2016 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

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:

13a ORGANIZATION'S NAME Cas Acquisition Co., 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:

Cas Acquisition Co., LLC - 20 Providence Pike, North Smithfield, RI 02896
KB Surfaces LLC - 20 Providence Pike, North Smithfield, RI 02896
Atlas Fabrication Inc - 20 Providence Pike, North Smithfield, RI 02896
The Beck Companies Inc - 20 Providence Pike, North Smithfield, RI 02896

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)	

18 MISCELLANEOUS 102209901-RI-0 35775 - BROOKLINE BANK C/O BANK RHODE ISLAND Filed with Secretary of State, R BRI C&I 380 - 3200 Tom Fitzgerald