

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

<b>A NAME &amp; PHONE OF CONTACT AT SUBMITTER (optional)</b> Name: <b>Walters Kluwer Lien Solutions</b> Phone: 800-331-3282 Fax: 818-662-4141	
<b>B E-MAIL CONTACT AT SUBMITTER (optional)</b> uccfilingreturn@walterskluwer.com	
<b>C SEND ACKNOWLEDGMENT TO (Name and Address)</b> 506785 - BRADLEY	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	102530941  RIRI
File with: Secretary of State, RI <b>SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</b>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILE NUMBER 202531508130 1/6/2025 SS RI	1b <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS <small>Filer must file Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13</small>
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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 AND Check one of these three boxes to  
 This Change affects  Debtor or  Secured Party of record  CHANGE name and/or address Complete item 6a or 6b and item 7a or 7b and item 7c  ADD name Complete item 7a or 7b and item 7c  DELETE name Give record name to be deleted in item 6a or 6b

6 **CURRENT RECORD INFORMATION** Complete for Party Information Change - provide only one name (6a or 6b)

6a ORGANIZATION'S NAME Warwick Health Centre, Inc.			
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 Warwick Health Centre, Inc.			
OR	7b INDIVIDUAL'S SURNAME		
	INDIVIDUAL'S FIRST PERSONAL NAME		
	INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S)		
			SUFFIX

7c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
588 PAWTUCKET AVENUE	Pawtucket	RI	02860	USA

8 **COLLATERAL CHANGE** Check only one box  
 ADD collateral  DELETE collateral  RESTATE covered collateral  ASSIGN\* collateral  
\*Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8  
 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 Greystone Loan Aggregator LLC			
OR	9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S) SUFFIX

10 **OPTIONAL FILER REFERENCE DATA** Debtor Name: Warwick Health Centre, Inc  
 102530941 Health Concepts RI Portfolio (6 SNFs) Y

# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

## FOLLOW INSTRUCTIONS

11 INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form  
 202531508130 1/6/2025 SS RI

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

12a ORGANIZATION'S NAME Greystone Loan Aggregator LLC
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 Warwick Health Centre, Inc.			
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:  
 Warwick Health Centre, Inc. - 588 PAWTUCKET AVENUE, Pawtucket, RI 02860

Secured Party Name and Address:  
 Greystone Loan Aggregator LLC - 152 West 57th Street, 60th Floor, New York, NY 10019

15 This FINANCING STATEMENT AMENDMENT  
 covers timber to be cut  covers as-extracted collateral  is filed as a fixture filing

16 Name and address of a RECORD OWNER of real estate described in item 17  
 (if Debtor does not have a record interest)

17 Description of real estate