

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) 506785 - BRADLEY	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	102530932 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:
202531507610 1/6/2025 SS RI1b ☐ This FINANCING STATEMENT AMENDMENT is to be filed (for record)
(or recorded) in the REAL ESTATE RECORDS
File: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 132. ☐ TERMINATION Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement3. ☐ 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 84. ☐ 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 law5. ☒ 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 Burrillville Health Center Associates Limited Partnership				
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 Burrillville Health Center Associates Limited Partnership				
OR	7b INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				
SUFFIX				

7c MAILING ADDRESS 588 Pawtucket Avenue	CITY 02860	STATE RI	POSTAL CODE 02860	COUNTRY USA
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8. COLLATERAL CHANGE Check only one box ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN* collateral
Indicate 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 89. NAME OF SECURED PARTY or 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 Bayberry Commons Properties, LLC
102530932 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
202531507610 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

Burnillville Health Center Associates Limited Partnership

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:

Bayberry Commons Properties, LLC - 588 PAWTUCKET AVENUE, Pawtucket, RI 02860

Burnillville Health Center Associates Limited Partnership - 588 Pawtucket Avenue, 02860, 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

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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