

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) 55231 - BayCoast Bank	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	102926525 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 201008603510 5/6/2010 SS RI

1b 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 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 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
UNCLE SAM'S GLASS & DOOR, INC.

OR 6b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX
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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

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
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8 COLLATERAL CHANGE Check only one box

ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral

Indicate collateral When ASSIGN COLLATERAL, only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8

9 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
CITIZENS-UNION SAVINGS BANK

OR 9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX
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10 OPTIONAL FILER REFERENCE DATA Debtor Name: UNCLE SAM'S GLASS & DOOR, INC.
102926525 330243302

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form
 201008603510 5/6/2010 SS RI

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

12a ORGANIZATION'S NAME
 CITIZENS-UNION SAVINGS BANK

OR
 12b INDIVIDUAL'S S. NAME

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
 UNCLE SAM'S GLASS & DOOR, INC.

OR
 13b INDIVIDUAL'S S. NAME 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:
 UNCLE SAM'S GLASS & DOOR, INC. - 21 INDUSTRIAL DRIVE, SMITHFIELD, RI 02917
 COMMERCIAL SOLUTIONS, INC. - 21 INDUSTRIAL DRIVE, SMITHFIELD, RI 02917

Secured Party Name and Address:
 CITIZENS-UNION SAVINGS BANK - 4 SOUTH MAIN STREET, FALL RIVER, MA 02721
 BAYCOAST BANK - 330 SWANSEA MALL DRIVE, SWANSEA, MA 02777

1) BAYCOAST BANK

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