

UCC FINANCING STATEMENT

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) 14026 - TD EQUIPMENT <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 5px;"> Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 </div> <div style="border: 1px solid black; padding: 5px;"> 102998246 RIRI </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY CONTACT INFORMATION </div>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DEBTOR'S NAME Provide only one Debtor name (1a or 1b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name). If any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a ORGANIZATION'S NAME				
T. MIOZZI, LLC				
OR	1b INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME		ADDITIONAL NAME(S) INITIAL(S)	
			SUFFIX	
1c MAILING ADDRESS		CITY	STATE	POSTAL CODE
172 Prospect Hill Road		Brewster	NY	10509
				COUNTRY
				USA

2 DEBTOR'S NAME Provide only one Debtor name (2a or 2b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name). If any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a ORGANIZATION'S NAME				
OR	2b INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME		ADDITIONAL NAME(S) INITIAL(S)	
			SUFFIX	
2c MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

3 SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) Provide only one Secured Party name (3a or 3b)

3a ORGANIZATION'S NAME				
TD Equipment Finance, Inc.				
OR	3b INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME		ADDITIONAL NAME(S) INITIAL(S)	
			SUFFIX	
3c MAILING ADDRESS		CITY	STATE	POSTAL CODE
12000 Horizon Way, 4th Floor		Mt. Laurel	NJ	08054
				COUNTRY
				USA

4 COLLATERAL: This financing statement covers the following collateral

T. MIOZZI, LLC (Lessee) grants to TD Equipment Finance, Inc. (Lessor), for all liabilities and obligations owing by Lessee to Lessor a security interest in all of (Lessee's) right, title and interest in and to the equipment leased to (Lessee) by (Lessor) pursuant to that certain Lease Agreement dated as of 02/21/2025 as may be amended from time to time, including without limitation the equipment listed on Exhibit A attached hereto, along with all replacements, attachments, accessories and substitutions therefor and/or thereto, and all cash and non-cash proceeds thereof (including accounts, chattel paper (including lease and sublease agreements), and general intangibles) thereof (including insurance proceeds) and proceeds of proceeds.

THIS LEASE EXHIBIT A COVERS ALL OF THE ATTACHED EQUIPMENT AS FURTHER OUTLINED IN THE ATTACHED QUOTES/INVOICES INCLUDING ALL ATTACHMENTS AND ACCESSORIES.

5 Check only if applicable and check only one box. Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a Check <u>only</u> if applicable and check <u>only</u> one box:				6b Check <u>only</u> if applicable and check <u>only</u> one box	
<input type="checkbox"/> Public-Finance Transaction	<input type="checkbox"/> Manufactured-Home Transaction	<input type="checkbox"/> A Debtor is a Transmitting Utility	<input type="checkbox"/> Agricultural Lien	<input type="checkbox"/> Non-UCC Filing	

7. ALTERNATIVE DESIGNATION (if applicable) Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Ba. or Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA
 102998246 50001173/4809/011

EXHIBIT A

Lease # 50001173

T. Miozzi, LLC
75 Airport Road
Coventry, RI 02816

This Exhibit A covers all the equipment as further outlined in the attached quotes/invoices including all attachments and accessories.

Quantity	Description	VIN/Serial No.
(1)	New Wirtgen, Model W220Fi, Pin # WGW01422CWIA00021	