

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) 8839 - BCM (UCC's)

|   |                   |
|---|-------------------|
| Lien Solutions<br>P.O. Box 29071<br>Glendale, CA 91209-9071 | 103235465<br>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: 202023573620 9/3/2020 SS RI

1b.  This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Filer 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  
TRAFALGAR 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

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 |
|------|-------|-------------|---------|

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 8.

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  
BERKADIA COMMERCIAL MORTGAGE LLC

OR

|                          |                     |                                |        |
|--------------------------|---------------------|--------------------------------|--------|
| 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S); INITIAL(S) | SUFFIX |
|--------------------------|---------------------|--------------------------------|--------|

10. OPTIONAL FILER REFERENCE DATA. Debtor Name: TRAFALGAR ASSOCIATES LIMITED PARTNERSHIP

103235465 101238604 A

# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

## FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form  
 202023573620 9/3/2020 SS RI

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

|    |  |        |
|----|--|--------|
| OR | 12a. ORGANIZATION'S NAME<br>BERKADIA COMMERCIAL MORTGAGE LLC |        |
|    |  |        |
|    | 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

|    |  |                     |                                |        |
|----|--|---------------------|--------------------------------|--------|
| OR | 13a. ORGANIZATION'S NAME<br>TRAFALGAR ASSOCIATES LIMITED PARTNERSHIP |                     |                                |        |
|    | 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:  
 TRAFALGAR ASSOCIATES LIMITED PARTNERSHIP - 5 CATHEDRAL SQUARE, PROVIDENCE, RI 02903

Secured Party Name and Address:  
 BERKADIA COMMERCIAL MORTGAGE LLC - 323 NORRISTOWN ROAD SUITE 300, AMBLER, PA 19002  
 SECRETARY OF HOUSING AND URBAN DEVELOPMENT - 10 CAUSEWAY STREET, 3RD FLOOR, BOSTON, MA 02222

1) SECRETARY OF HOUSING AND URBAN DEVELOPMENT

|  |                                       |
|--|---------------------------------------|
| <p>15. This FINANCING STATEMENT AMENDMENT:</p> <p><input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> is filed as a fixture filing</p> <p>16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest)</p> | <p>17. Description of real estate</p> |
|--|---------------------------------------|