

**UCC FINANCING STATEMENT**  
FOLLOW INSTRUCTIONS

<b>A. NAME &amp; PHONE OF CONTACT AT SUBMITTER (optional)</b> Colleen Bartini, Paralegal 518-701-2762
<b>B. E-MAIL CONTACT AT SUBMITTER (optional)</b> cbartini@harrisbeachmurtha.com
<b>C. SEND ACKNOWLEDGMENT TO: (Name and Address)</b> Harris Beach Murtha Cullina PLLC 677 Broadway, Ste 1101 Albany, NY 12207

**SEE BELOW FOR SECURED PARTY CONTACT INFORMATION**

**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)

<b>1a. ORGANIZATION'S NAME</b> Renaissance Trawling Corporation					
OR	<b>1b. INDIVIDUAL'S SURNAME</b>		<b>FIRST PERSONAL NAME</b>	<b>ADDITIONAL NAME(S)/INITIAL(S)</b>	<b>SUFFIX</b>
<b>1c. MAILING ADDRESS</b> 45 State Street			<b>CITY</b> Narragansett	<b>STATE</b> RI	<b>POSTAL CODE</b> 02882
			<b>COUNTRY</b> 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)

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

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

<b>3a. ORGANIZATION'S NAME</b> Farm Credit East, ACA					
OR	<b>3b. INDIVIDUAL'S SURNAME</b>		<b>FIRST PERSONAL NAME</b>	<b>ADDITIONAL NAME(S)/INITIAL(S)</b>	<b>SUFFIX</b>
<b>3c. MAILING ADDRESS</b> 240 South Road			<b>CITY</b> Enfield	<b>STATE</b> CT	<b>POSTAL CODE</b> 06082
			<b>COUNTRY</b> USA		

**4. COLLATERAL:** This financing statement covers the following collateral:

All assets of Debtor, wherever located, whether now existing or owned or hereafter arising or acquired, and whether or not affixed to any realty, including, without limitation, (i) all accounts, chattel paper, investment property, deposit accounts, documents, goods, equipment, farm products, general intangibles (including trademarks, service marks, trade names, patents, copyrights, licenses and franchises), instruments, inventory, money, letter of credit rights, causes of action (including tort claims) and other personal property (including agreements and instruments not constituting chattel paper or a document, general intangible or instrument); (ii) all additions to, accessions to, substitutions for, replacements of and supporting obligations of the foregoing; (iii) all proceeds and products of the foregoing, including, without limitation, insurance proceeds; and (iv) all business records and information relating to any of the foregoing and any software or other programs for accessing and manipulating such information. All of the foregoing terms shall have the meaning ascribed to such terms in the Uniform Commercial Code, as in effect in the State of New York, as amended from time to time, or in connection with any lien as to which the laws of another jurisdiction govern perfection or enforcement thereof, the Uniform Commercial Code of such other jurisdiction.

<b>5. Check <u>only</u> if applicable and check <u>only</u> one box:</b> Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative		
<b>6a. Check <u>only</u> if applicable and check <u>only</u> one box:</b> <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility		<b>6b. Check <u>only</u> if applicable and check <u>only</u> one box:</b> <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
<b>7. ALTERNATIVE DESIGNATION (if applicable):</b> <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor		

**8. OPTIONAL FILER REFERENCE DATA:**  
RI SOS