

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

<b>A NAME &amp; PHONE OF CONTACT AT SUBMITTER (optional)</b> Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
<b>B E-MAIL CONTACT AT SUBMITTER (optional)</b> uccfilingreturn@wolterskluwer.com	
<b>C SEND ACKNOWLEDGMENT TO (Name and Address)</b> 14383 - BERKSHIRE	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	103620141  RIRI
File with: Secretary of State, RI <b>SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</b>	

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

1a INITIAL FINANCING STATEMENT FILE NUMBER 201718491180 8/29/2017 SS RI	1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS First attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13
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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

AND Check one of these three boxes to

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 SAVINGS INSTITUTE BANK & TRUST COMPANY				
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 SAVINGS INSTITUTE BANK & TRUST COMPANY successor by merger to Berkshire Bank				
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
66 West St	Pittsfield	MA	01201	USA

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 records is limited to certain collateral and describe the collateral in Section 9

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 SAVINGS INSTITUTE BANK & TRUST COMPANY				
OR	9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. **OPTIONAL FILER REFERENCE DATA** Debtor Name: 825 WEST MAIN, LLC  
 103620141 4425-CRE-EASTERN CT/RI 9005001325-1

# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

1\* INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form  
 201718491180 8/29/2017 SS RI

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

12a ORGANIZATION'S NAME  
 SAVINGS INSTITUTE BANK & TRUST COMPANY

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  
 825 WEST MAIN, LLC

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:  
 825 WEST MAIN, LLC - 825 WEST MAIN ROAD, MIDDLETOWN, RI 02842

Secured Party Name and Address:  
 SAVINGS INSTITUTE BANK & TRUST COMPANY successor by merger to Berkshire Bank - 66 West St., Pittsfield, MA 01201

15. THIS FINANCING STATEMENT AMENDMENT  
 covers timber to be cut  covers as-extracted collateral  is filed as a fixture filing

17. Description of real estate

16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest)