

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) 32814 - THE
Lien Solutions 103680234
P.O. Box 29071 RIRI
Glendale, CA 91209-9071 FIXTURE
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 201616341730 4/4/2016 SS RI
1b [X] This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS
File: UCC3 Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2. [X] 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 Weekapaug Inn Restaurant, LLC
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 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 The Washington Trust Company, of Westerly
OR
9b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10 OPTIONAL FILER REFERENCE DATA Debtor Name: Weekapaug Inn Restaurant, LLC
103680234 David C Kmetz 95746070

# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11 INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form 201616341730 4/4/2016 SS RI	
12 NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form	
12a ORGANIZATION'S NAME The Washington Trust Company, of Westerly	
OR	12b INDIVIDUAL'S SURNAME
	FIRST PERSONAL NAME
	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

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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 Weekapaug Inn Restaurant, 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:  
Weekapaug Inn Restaurant, LLC - 25 Spray Rock Road , Westerly, RI 02891

Secured Party Name and Address:  
The Washington Trust Company, of Westerly - 23 Broad Street , Westerly, RI 02891

15. This FINANCING STATEMENT AMENDMENT. <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> is filed as a fixture filing	17. Description of real estate 25 Spray Rock Road, Westerly, RI 02891
16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest)	