



\* U C C 5 \*

### CORRECTION STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF PERSON FILING THIS STATEMENT [optional]
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-left: 1px solid black; border-top: 1px solid black; width: 40%; height: 40%;"></div> <div style="border-right: 1px solid black; border-top: 1px solid black; width: 40%; height: 40%;"></div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 20px;"> <div style="border-left: 1px solid black; border-bottom: 1px solid black; width: 40%; height: 40%;"></div> <div style="border-right: 1px solid black; border-bottom: 1px solid black; width: 40%; height: 40%;"></div> </div>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. Identification of the RECORD to which this CORRECTION STATEMENT relates.

1a. TYPE OF RECORD	1b. FILE # OF INITIAL FINANCING STATEMENT
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2a.  RECORD is inaccurate.

Provide the basis for the belief of the person identified in item 4 that the RECORD identified in item 1 is inaccurate and indicate the manner in which the person believes the RECORD should be amended to cure the inaccuracy.

2b.  RECORD was wrongfully filed.

Provide the basis for the belief of the person identified in item 4 that the RECORD identified in item 1 was wrongfully filed.

3. If this CORRECTION STATEMENT relates to a RECORD filed [or recorded] in a filing office described in Section 9-501(a)(1) and this CORRECTION STATEMENT is filed in such a filing office, provide the date [and time] on which the INITIAL FINANCING STATEMENT identified in item 1b above was filed [or recorded].

3a. DATE	3b. TIME
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4. NAME OF PERSON AUTHORIZING THE FILING OF THIS CORRECTION STATEMENT — The RECORD identified in item 1 must be indexed under this name.

4a. ORGANIZATION'S NAME				
OR	4b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX



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A. NAME & PHONE OF PERSON FILING THIS STATEMENT [optional]
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
<div style="position: relative; width: 100%; height: 100%;"> <span style="position: absolute; top: 0; left: 0; border-left: 1px solid black; border-top: 1px solid black; width: 20px; height: 20px;"></span> <span style="position: absolute; top: 0; right: 0; border-right: 1px solid black; border-top: 1px solid black; width: 20px; height: 20px;"></span> <span style="position: absolute; bottom: 0; left: 0; border-left: 1px solid black; border-bottom: 1px solid black; width: 20px; height: 20px;"></span> <span style="position: absolute; bottom: 0; right: 0; border-right: 1px solid black; border-bottom: 1px solid black; width: 20px; height: 20px;"></span> </div>

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3a. DATE

3b. TIME

4. NAME OF PERSON AUTHORIZING THE FILING OF THIS CORRECTION STATEMENT — The RECORD identified in item 1 must be indexed under this name.

4a. ORGANIZATION'S NAME

OR 4b. INDIVIDUAL'S LAST NAME

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3a. DATE	3b. TIME
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4. NAME OF PERSON AUTHORIZING THE FILING OF THIS CORRECTION STATEMENT — The RECORD identified in item 1 must be indexed under this name.

4a. ORGANIZATION'S NAME				
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## Instructions for Rhode Island Correction Statement (Form UCC5)

Please type or laser-print this form. Be sure it is completely legible. Read all Instructions, especially Instructions 1a and 1b; correct identification of the initial Record to which this Correction Statement relates is crucial. Follow Instructions completely.

Fill in form very carefully. If you have questions, consult your attorney. Filing office cannot give legal advice. Do not insert anything in the open space in the upper portion of this form; it is reserved for filing office use.

When properly completed, send Filing Office Copy (1) and (2) to filing office. If you want an acknowledgment, complete item B and send (3) Acknowledgment Copy; otherwise detach. Include a self-addressed stamped envelope to expedite the return of the (3) Acknowledgment Copy. Always detach (4) Secured and (5) Debtor copies.

- A. To assist filing offices that might wish to communicate with filer, filer may provide information in item A. This item is optional.
- B. Complete item B if you want an acknowledgment sent to you.

General — You must always complete items 1 and 4 and either 2a or 2b. You may also be required to complete item 3.

- 1a. Indicate type of Record to which this Correction Statement relates (e.g., Financing Statement or Amendment). You may also insert additional information that you believe will assist in identifying the Record (e.g., the filing date and/or record number of the Record).
- 1b. **File number:** Enter file number of initial financing statement to which the Record that is the object of this Correction Statement relates. Enter only one file number.
- 2. If this Correction Statement is filed based on the filer's belief that the Record identified in item 1 is inaccurate, check box 2a, provide the basis for that belief, and indicate the manner in which the Record should be amended to cure the inaccuracy.
- 3. If this Correction Statement relates to a Record filed [or recorded] in a filing office described in Section 9-501(a)(1) and this Correction Statement is filed in such a filing office, provide the date [and time] on which the Initial Financing Statement identified in item 1b above was filed [or recorded].
- 4. Always enter name of the person who authorized the filing of this Correction Statement. This name must be the same as the name under which the Record is indexed.

If this Correction Statement is filed based on the filer's belief that the Record identified in item 1 was wrongfully filed, check box 2b and provide the basis for that belief.