

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT6084717

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	RELEASE OF SECURITY INTEREST

CONVEYING PARTY DATA

Name	Execution Date
BANK RHODE ISLAND	02/14/2020

RECEIVING PARTY DATA

Name:	QUICK FITTING, INC.
Street Address:	30 PLAN WAY
City:	WARWICK
State/Country:	RHODE ISLAND
Postal Code:	02886

PROPERTY NUMBERS Total: 22

Property Type	Number
Patent Number:	8210576
Patent Number:	8205915
Patent Number:	7942161
Patent Number:	7862089
Patent Number:	8398122
Patent Number:	8480134
Patent Number:	9217529
Patent Number:	8561639
Patent Number:	8567446
Patent Number:	8844981
Patent Number:	9068680
Patent Number:	8888145
Patent Number:	9416897
Patent Number:	8701715
Patent Number:	8844974
Patent Number:	9115833
Patent Number:	9664318
Patent Number:	9322496
Patent Number:	9562637
Patent Number:	9574691

PATENT

Property Type	Number
Patent Number:	9671049
Patent Number:	9664316

CORRESPONDENCE DATA

Fax Number:

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.

Phone: 212-728-8000
Email: ipdept@willkie.com
Correspondent Name: HEATHER SCHNEIDER
Address Line 1: 787 SEVENTH AVENUE
Address Line 4: NEW YORK, NEW YORK 10019

ATTORNEY DOCKET NUMBER:	60712.01
NAME OF SUBMITTER:	HEATHER SCHNEIDER
SIGNATURE:	/Heather Schneider/
DATE SIGNED:	04/29/2020

Total Attachments: 5

source=Bank Rhode Island UCC-3 Termination Statements with confirmation of filing#page1.tif
source=Bank Rhode Island UCC-3 Termination Statements with confirmation of filing#page2.tif
source=Bank Rhode Island UCC-3 Termination Statements with confirmation of filing#page3.tif
source=Bank Rhode Island UCC-3 Termination Statements with confirmation of filing#page4.tif
source=Bank Rhode Island UCC-3 Termination Statements with confirmation of filing#page5.tif



The State of Rhode Island and Providence Plantations

Date: Friday, February 14, 2020

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Confirmation DateTime	2/14/2020 12:05:07 PM
Confirmation Number	655618
Transaction Id	319814
Filing Type	UCC
Filing	139
FilingInfo	UCC Filing
Filing Fee	\$8.00
Enhanced Access Fee	\$2.00
Total Fee	\$10.00

PATENT

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Jim Kelly (401) 272-5800
B. E-MAIL CONTACT AT FILER (optional) jkelly@simmonsLtd.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Simmons Associates, Ltd. 56 Pine Street Providence, RI 02903 Attn: JVK

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER 201211649970	1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: <u>attach Amendment Addendum (Form UCC3Ad)</u> and provide Debtor's name in item 13
Filed on 09/28/2012	

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: 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 QUICK FITTING, INC.			
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				SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

8. **COLLATERAL CHANGE:** Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral
Indicate collateral:

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 Bank Rhode Island			
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. **OPTIONAL FILER REFERENCE DATA:**
Termination-RI SOS



The State of Rhode Island and Providence Plantations

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Confirmation DateTime	2/14/2020 12:08:42 PM
Confirmation Number	655621
Transaction Id	319815
Filing Type	UCC
Filing	139
FilingInfo	UCC Filing
Filing Fee	\$8.00
Enhanced Access Fee	\$2.00
Total Fee	\$10.00

PATENT

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Jim Kelly (401) 272-5800

B. E-MAIL CONTACT AT FILER (optional)
jkelly@simmonsLtd.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

**Simmons Associates, Ltd.
56 Pine Street
Providence, RI 02903
Attn: JVK**

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1a. INITIAL FINANCING STATEMENT FILE NUMBER
201211649510 **Filed on 09/28/2012**

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
QUICK FITTING, INC.

OR

6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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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
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8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral
Indicate collateral:

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
Bank Rhode Island

OR

9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA:
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Confirmation DateTime	2/14/2020 12:17:05 PM
Confirmation Number	655628
Transaction Id	319818
Filing Type	UCC
Filing	139
FilingInfo	UCC Filing
Filing Fee	\$8.00
Enhanced Access Fee	\$2.00
Total Fee	\$10.00