MA SOC Filing Number: 201298287450 Date: 9/6/2012 10:36:00 AM

	S	ECRETA COMMUI	RY OF THE	
UCC FINANCING STATEMENT	: 20	12 SEP -	6 AM 10: 36	
FOLLOW INSTRUCTIONS (front and back) CAREFULLY		ലാവെ 👫	IUN UIVISIUN	
A. NAME & PHONE OF CONTACT AT FILER [optional]	, i.i.	MPURAL	IOM DIA1910M	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) Matthew P. Doring, Esq. c/o Hinckley, Allen & Snyder LLl 28 State Street Boston, MA 02109	P			
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a)	<u> </u>	SPACE IS FO	R FILING OFFICE US	E ONLY
1a. ORGANIZATION'S NAME				
OR 16. INDIVIDUAL'S LAST NAME Schilling	FIRST NAME Curtis	MIDDLE	NAME	SUFFIX
1c. MAILING ADDRESS	CITY	STATE POSTAL CODE		COUNTRY
7 Woodridge Road	Medfield 11.JURISDICTION OF ORGANIZATION	MA 02052		USA
ORGANIZATION DEBTOR	1.30Noblettorol ondatazation	1.*		NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of 2a, ORGANIZATION'S NAME	Sebtor name (2a or 2b) - do not abbreviate or comb	ine names		
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
2c, MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2d. TAX ID #; SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any	NON
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 38. ORGANIZATION'S NAME Bank Rhode Island, as Collateral Agent	R S/P) - insert only <u>one</u> secured party name (3e or	3b)		
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME S		SUFFIX
3c. MAILING ADDRESS	спу	STATE	POSTAL CODE	COUNTRY
One Turks Head Place	Providence	RI	02903	USA

- - 1. Baseball cap identified as being worn by Lou Gehrig on or about 1927, together with all proceeds and products thereof;
 - 2. Collection of World War II era memorabilia (including those presently held at the National WWII Museum), together with all proceeds and products thereof;
 - 3. The so-called "bloody sock" worn by Debtor during Game 2 of the 2004 World Series, together with all proceeds and products thereof; and
 - 4. Proceeds of Debtor's investment in StepStone Capital Partners II Onshore LP (including, without limitation, as a result of any sale of such investment or any distribution made on account of such investment), or any successor entity thereto.

5. ALTERNATIVE DESIGNATION (if applicable):	LESSEE/LESSOR C	ONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG, LIEN	NON-UCCFILING
6. This FINANCING STATEMENT is to be filed [f		REAL 7, Check to REOU pphicable) (ADDITIONAL F	JEST SEARCH REPOR EEI J	(S) on Debtor(s)	All Debtors De	ebtor 1 Debtor 2
O ORTIONAL BILER REFERENCE DATA				•		

OLLOW INSTRUCTIONS (front and ba	ack) CAREFULLY					
. NAME OF FIRST DEBTOR (1a or 1		TEMENT				
9a. ORGANIZATION'S NAME	,					
OR	FIRST NAME	MIDOLE NAME, SUFFIX				
Schilling	Curtis	M.				
0. MISCELLANEOUS:				•		
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		,				
		THE AB	OVE SPACE	S FOR FILING OFFI	CE USE ONLY	
1. ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME - insert only one n	ame (11a or 11b) - do not abbreviate or combine				
11a. ORGANIZATION'S NAME	, 111					
115. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX	
				I	20141701	
c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY	
d. TAX ID #: SSN OR EIN ADD'L INFO	1. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZATION		11g, ORG	ANIZATIONAL ID #, if a	пу	
ORGANIZATI DEBTOR	ion	111. JURISDICTION OF ORGANIZATION	I NO			
2. X ADDITIONAL SECURED PAR	RTY'S or ASSIGNOR S/P'S	NAME - insert only one name (12s or 12b)	l	······································		
12a, ORGANIZATION'S NAME	tti o <u>o i jacotementon e</u>	VATURE - Wisch City one Hame (Tea or Tea)				
RBS Citizens, Nationa	al Association					
RBS Citizens, Nationa	al Association	FIRST NAME	MIDDLE	NAME	SUFFIX	
R 125, INDIVIDUAL'S LAST NAME	al Association					
R 12b. INDIVIDUAL'S LAST NAME 2c. MAILING ADDRESS	al Association	СПУ	STATE	POSTAL CODE	COUNTRY	
126. INDIVIDUAL'S LAST NAME 126. MAILING ADDRESS 28 State Street		Boston				
R 126, INDIVIDUAL'S LAST NAME C. MAILING ADDRESS 28 State Street 3. This FINANCING STATEMENT covers	timber to be cut or as-extracted	СПУ	STATE	POSTAL CODE	COUNTRY	
R 126. INDIVIDUAL'S LAST NAME 20. MAILING ADDRESS 28 State Street 3. This FINANCING STATEMENT covers colleteral, or is flied as a fixture filing.	timber to be cut or as-extracted	Boston	STATE	POSTAL CODE	COUNTRY	
R 12b, INDIVIDUAL'S LAST NAME c. MAILING ADDRESS 28 State Street 3. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing.	timber to be cut or as-extracted	Boston	STATE	POSTAL CODE	COUNTRY	
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R 126. INDIVIDUAL'S LAST NAME 10. MAILING ADDRESS 28 State Street 3. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing. 4. Description of reel estate:	timber to be cut or as-extracted	Boston	STATE	POSTAL CODE	COUNTRY	
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R 12b, INDIVIDUAL'S LAST NAME 2c. MAILING ADDRESS 28 State Street 3. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing filed. The state of the state	timber to be cut or as-extracted g.	Boston	STATE	POSTAL CODE	COUNTRY	
126. INDIVIDUAL'S LAST NAME 126. MAILING ADDRESS 28 State Street 3. This FINANCING STATEMENT covers collateral, or is filled as a fixture filling. 4. Description of reel estate:	timber to be cut or as-extracted g.	Boston 16. Additional collateral description:	STATE MA	POSTAL CODE	COUNTRY	
126. INDIVIDUAL'S LAST NAME 126. MAILING ADDRESS 28 State Street 3. This FINANCING STATEMENT covers collateral, or is filled as a fixture filling. 4. Description of reel estate:	timber to be cut or as-extracted g.	Boston 16. Additional collateral description: 17. Check only if applicable and check only or	STATE MA	POSTAL CODE 02109	COUNTRY	
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R 120. INDIVIDUAL'S LAST NAME 20. MAILING ADDRESS 28 State Street 3. This FINANCING STATEMENT covers colleteral, or is filed as a fixture filing 4. Description of reel estate:	timber to be cut or as-extracted g.	17. Check gnly If applicable and check gnly or Debtor is a Trust or Trustee acting w	STATE MA	POSTAL CODE 02109	COUNTRY	

FOLLOW INSTRUCTIONS (front and bags), NAME OF FIRST DEBTOR (1a or 1		TEMENT				
9a. ORGANIZATION'S NAME	27 011 122 11 22 7 111 11 10 11 20 17 1					
OR						
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
Schilling	Curtis	M.				
10.MISCELLANEOUS:		1				
		1				
		THE AB	OVE SPACE	IS FOR FILING OFFI	CE USE ONLY	
11. ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME - insert only one r	name (11a or 11b) - do not abbreviate or combine	names			
11a. ORGANIZATION'S NAME						
OR					[2425]	
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX	
			STATE	POSTAL CODE	COUNTRY	
11c. MAILING ADDRESS		СІТУ	SIAIE	POSTAL CODE	COUNTRY	
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ORGANIZAT DEBTOR	ION	1	1	I No		
12. X ADDITIONAL SECURED PAR	TY'S or ASSIGNOR S/P'S	NAME - insert only one name (12a or 12b)			INOM	
12a. ORGANIZATION'S NAME	tri o gr [] nootonon on o	The first and th				
Bank Rhode Island						
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX	
12c. MAILING ADDRESS		Providence	RI	POSTAL CODE 02903	USA	
One Turks Head Place	Maria de la companya		IKI	02903	USA	
 This FINANCING STATEMENT covers Collateral, or is filed as a fixture filin 	timber to be cut or as-extracted	16. Additional collateral description:				
collateral, or is filed as a fixture filin. 14. Description of real estate:	Ŋ.					
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15. Name and address of a RECORD OWNE	'R of above-described real estate					
15. Name and address of a RECORD OWNE						
		17. Check <u>only</u> if applicable and check <u>only</u> o	ne box,			
		17. Check <u>only</u> if applicable and check <u>only</u> or Oebtor is a ☐ Trust_or ☐ Trustee acting w		roperly held in liusl or	Decedent's Estat	
		1	with respect to p	roperly held in livsl or	Decedent's Estat	
		Debtor is a Trust or Trustee acting v	with respect to p	roperly held in trust or	Decedent's Estat	
		Oebtor is a Trust or Trustee acting to 18. Check only if applicable and check only or	with respect to p ne box. Iome Transaction	n — effective 30 years	Decedent's Estate	