	One Finan	ENT TO: (Name		<b>-</b>			•		
	<u>L</u>							romv	
			- insert only <u>one</u> debtor name (1	s or 1b) - do noi abbrev		PACE IS FO	r filing office us	EVALT	
	18 ORGANIZATIONS NA Accu-Met Laser, Ir	ME							
R.	•	INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		
	MAILING ADDRESS 55 Western Industrial Drive			CITY Cranston	1		POSTAL CODE 02921	COUNTRY	
d. §	SEE INSTRUCTIONS   ADD'L INFO RE   18. TYPE OF ORGANIZATION   ORGANIZATION   COMPARENTED			•	11. JURISDICTION OF ORGANIZATION		1g. ORGANIZATIONAL ID #, if any		
•	PRINCIPLE PERFOR	DEBTOR	Corporation	RI			MON X		
	28. ORGANIZATION'S NA		LEGAL NAME - insert only on	g OBOKOr NAME (28 Dr 20	) - do noi appreviate or como:	ne names		· · ·	
ıR.					FIRST NAME SUFFIX				
"`	25. INDIVIDUAL'S LAST NAME			FIRST NAME	PIRS) RAME		MIDDLE NAME		
c. N	MAILING ADDRESS			CITY	CITY		POSTAL CODE	COUNTRY	
2d. §	ADD'L INFO RE   2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR			21. JURISDICTIO	21. JURISDICTION OF ORGANIZATION		2g. ORGANIZATIONAL ID #, if any		
. S	ECURED PARTY'S	NAME (or NAME)	TOTAL ASSIGNEE of ASSIGN	OR S/P) - Insert only on	e secured parly name (3e or 3	b)			
	3a ORGANIZATION'S NA Sovereign Bank, a		nos Bank						
DR.	36 INDIVIDUAL'S LAST NAME			FIRST NAME	FIRST NAME		MIDDLE NAME		
3C	MAILING ADDRESS			CITY			1	USA	
		76.000					<u> </u>		
3c	MAILING ADDRESS ne Financial Plaza	NT covers the follo	and a section of	Providence		STATE RI	02903		