INFORMATION REQUE	ST						
FOLLOW INSTRUCTIONS (front a		EFULLY					
A. NAME & PHONE OF CONTACT (Optional	ŋ	FILING OFFICE AC	CT#				
B. RETURN TO: [Name and Address]							
Jeffrey C. Meyer, Esc United General Title		Company	•				
935 Jefferson Boulev			i				
Warwick, RI 02886							
				TUT 4 TO VE 0 D 4 O F	10 FOR FU ING OFFI	OF USE ONLY	
DEBTOR NAME to be searched - insert	only one debtor na	me (18 or 15) - do no	shbreviata or	THE ABOVE SPACE	IS FOR FILING OFFI	CE USE ONLY	
1a. ORGANIZATION'S NAME							
North Attleboro Market Place I, LLC							
1b. INDIVIDUAL'S LAST NAME			FIRST NAME	!	MIDDLE NAME	SUFFIX	
2. INFORMATION OPTIONS RELATING	TO LICE EILINGS &	OTHER NOTICES ON	EN E IN EILING	OFFICE THAT INCLUDE AS A DEBTOR	NAME THE NAME IDENTIFE	IED IN ITEM 1:	
2a. SEARCH RESPONSE	,						
INFORMATION REQUEST RESP reported records.	ONSE WITHOU	T COPIES — Filing	office request	ed to furnish a search report listing a	Il reported records, but to fu	mish NO COPIES of	
2b. COPY REQUEST	CERTIFIE	ED (Optional)					
✓ INFORMATION REQUEST RESP	ONSE WITH FU	LL COPIES — Filir	ng office reque	sted to furnish a search report listing	all financing statements and	d related records showing	
date and time of ming and hame and address			and also turni	STATE AND TO THE TOPOLOGIC	scords (motoding all alles in		
2c. SPECIFIED COPIES ONLY	☐ CERTIFIED (Optional)						
Record Number	Date Record F	iled (if required)	Туре	Type of Record and Additional Identifying Information (if required)			
A					1-11		
	<u> </u>						
	 						
	<u> </u>		1			*********	
3. ADDITIONAL SERVICES							
PLEASE CALL 468-3824	4 WHEN RE	ADY FOR P	ICKUP.				
4. DELIVERY INSTRUCTIONS (request	will be filled by ma	il sent to address sho	wn in item B u	nless otherwise instructed here):			
4a. Pick Up							
4b. Other	ble from this office); :	provide delivery informa	tion (e.g., delive	ry service's name, addressee's account	# with delivery service, addres	see's phone#, etc.)	