INFORMATION REQ					
A. NAME & PHONE OF CONTACT [OP Kristen Blaquiere 401-8	861-8200	ACCT#			
Kristen Blaquiere Partridge Snow & 180 South Main S Providence, RI 02	Hahn LLP treet	7			
L			THE ABOVE SPACE	E IS FOR FILING OFF	FICE USE ONLY
1a. ORGANIZATION'S NAME	nsert only one debtor name (1a or 1b) - do n	no abbreviate or	combine names		
P & A Realty, LLC 1b. INDIVIDUAL'S LAST NAME		FIRST NAME	, , , , , , , , , , , , , , , , , , , 	MIDDLE NAME	SUFFIX
2b. COPY REQUEST INFORMATION REQUEST REduced and time of filing and name and so	☑ CERTIFIED (Optional) ESPONSE WITH FULL COPIES — Fil ddress of each Secured Party named therein	ing office reques	ted to furnish a search report listir h an exact COPY of ALL reported	ig all financing statements a records (including all attach	nd related records showing ments).
2c. SPECIFIED COPIES ONLY	CERTIFIED (Optional)				
Record Number	Date Record Filed (if required)	Type	of Record and Additional Ider	tifying Information (if red	Juired)
				· ·	
3. ADDITIONAL SERVICES					
4a. [2] Pick Up 4b. [1] Other	uest will be filled by mail sent to address sho				