FOLLOW INSTRUCTIONS A. NAME & PHONE OF C Natalia Rakhm	G STATEMENT (front and back) CAREFULLY ONTACT AT FILER (optional) anova - 401-949-1600 MENT TO: (Name and Address)				
P.O. Box 2 Greenville 02828	ational Bank 275, 584 Putnam Pike e, Rhode Island alia Rakhmanova				
DERTOP'S EYACT EIII	L LEGAL NAME - insert only one debtor name			E IF FOR FILING OFFIC	E USE ONLY
1a. ORGANIZATION'S N		(18 of 19) - do not appreviate of combine	, names		
DIP. INC					
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
42 East Avenue 1. TAX ID#: SSN OR EIN ADD'NL INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION		Pawtucket 1f. JURISDICTION OF ORGANIZATION Rhode Island	RI 1g. ORG	ANIZATIONAL I.D.#, if ar	ıy
	ORGANIZATION Corporation S EXACT FULL LEGAL NAME - insert only one				AON X
2a. ORGANIZATION'S N R 2b. INDIVIDUAL'S LAST		FIRST NAME	MIDDLE	NAME	SUFFIX
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
d. TAX ID#: SSN OR EIN ADD'NL INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR		2f. JURISDICTION OF ORGANIZATION	2g. ORG	SANIZATIONAL I.D.#, if an	iy Non
. SECURED PARTY'S NA	ME (or NAME of TOTAL ASSIGNEE OF ASSIGNOR:	.1	r 3b)		
3a. ORGANIZATION'S N					
Freedom National Bank 3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
. MAILING ADDRESS .O. Box 275, 584 Putnam Pike		Greenville	STATE RI	POSTAL CODE 02828	COUNTRY
	NT covers the following collateral:		ned or he	reafter acquired, i	ncluding goods