



* U C C 1 1 *

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT [optional] KEVIN 401-737-3040	FILING OFFICE ACCT#
B. RETURN TO: (Name and Address) KEVIN A. HACKMAN 222 JEFFERSON BLVD. WARWICK, RI	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME				
OR	1b. INDIVIDUAL'S LAST NAME IMBRIACO	FIRST NAME ORESTO	MIDDLE NAME	SUFFIX

2. INFORMATION OPTIONS RELATING TO UCC FILINGS & OTHER NOTICES ON FILE IN FILING OFFICE THAT INCLUDE AS A DEBTOR NAME THE NAME IDENTIFIED IN ITEM 1:

2a. SEARCH RESPONSE CERTIFIED (Optional)
 Select One of the Following:
 ALL (Check this box to request a response that is complete, including filings that have lapsed.)
 UNLAPSED

2b. COPY REQUEST CERTIFIED (Optional)
 Select One of the Following:
 ALL
 UNLAPSED

2c. SPECIFIED COPIES ONLY CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)

3. ADDITIONAL SERVICES

4. DELIVERY INSTRUCTIONS (request will be filed by mail sent to address shown in item B unless otherwise instructed here):

4a. Pick Up

4b. Other _____

Specify desired method here (if available from this office); provide delivery information (e.g., delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)