



* U C C 1 1 *

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT [optional] James O'Leary (401) 828-7282	FILING OFFICE ACCT #
B. RETURN TO: (Name and Address) James A. O'Leary, Esq. 9 Mark Fore Drive West Warwick, RI 02893	

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 Centerdale Associates			
OR	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	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	<input type="checkbox"/> CERTIFIED (Optional)
Select One of the Following:	
<input type="checkbox"/> ALL (Check this box to request a response that is complete, including filings that have lapsed.)	
<input checked="" type="checkbox"/> UNLAPSED	
2b. COPY REQUEST	<input type="checkbox"/> CERTIFIED (Optional)
Select One of the Following:	
<input type="checkbox"/> ALL	
<input checked="" type="checkbox"/> UNLAPSED	
2c. SPECIFIED COPIES ONLY	<input type="checkbox"/> 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 filled by mail sent to address shown in item B unless otherwise instructed here):

4a. <input checked="" type="checkbox"/> Pick Up
4b. <input type="checkbox"/> 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.)