



* 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 Manor 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 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	<input type="checkbox"/> CERTIFIED (Optional)
2b. COPY REQUEST Select One of the Following: <input type="checkbox"/> ALL <input checked="" type="checkbox"/> UNLAPSED	<input type="checkbox"/> CERTIFIED (Optional)
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. ☒ 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.)