

UCC-3 Form - Amendment

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FILER INFORMATION

Full name: **SABRINA TROTMAN** Phone: **401-421-5100**

CONTACT INFORMATION

Contact name: **ACCARDO LAW OFFICES**

Street #1: **311 ANGELL STREET**

City: **PROVIDENCE** State: **RI** ZIP: **02906** Country: **USA**

Notification Method: **E-Mail** Email: **sat@accardolaw.com**

DEBTOR INFORMATION

Org. Name: **CLOSETS ETC., INC.**

Org. Type: **CORP** Jurisdiction: **CT** Org. ID: **894252**

Mailing Address1: **1285 WATERFORD DRIVE**

City: **EAST GREENWICH** State: **RI** ZIP: **02818** Country: **USA**

Org. Name: **GLOBAL GROWTH MANAGEMENT, LLC**

Org. Type: **LLC** Jurisdiction: **RI** Org. ID: **150244**

Mailing Address1: **1285 WATERFORD DRIVE**

City: **EAST GREENWICH** State: **RI** ZIP: **02818** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **BANK RHODE ISLAND**

Mailing Address1: **ONE TURKS HEAD PLACE**

City: **PROVIDENCE** State: **RI** ZIP: **02903** Country: **USA**

TRANSACTION TYPE: STANDARD