

UCC-3 Form - Continuation

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FILER INFORMATION

Full name: **MARYLOU SHOLA** Phone: **401-330-1653**

CONTACT INFORMATION

Contact name: **COASTWAY CREDIT UNION**

Street #1: **ATTN: COMMERCIAL LENDING DEPT**

Street #2: **ONE COASTWAY PLAZA**

City: **CRANSTON** State: **RI** ZIP: **02910** Country: **USA**

Notification Method: **E-Mail** Email: **mshola@coastway.com**

DEBTOR INFORMATION

Org. Name: **LYNNED CORPORATION**

Mailing Address1: **2646 WARWICK AVENUE**

City: **WARWICK** State: **RI** ZIP: **02889** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **COASTWAY CREDIT UNION**

Mailing Address1: **25 LOVELL AVENUE**

City: **CRANSTON** State: **RI** ZIP: **02910** Country: **USA**

TRANSACTION TYPE: STANDARD