

# UCC-3 Form - Continuation

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## CONTACT INFORMATION

Contact name: **CSC**  
Street #1: **801 STEVENSON DRIVE**  
City: **SPRINGFIELD** State: **IL** ZIP: **62703** Country: **USA**  
Notification Method: **E-Mail** Email: **filingdept@cscinfo.com**

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## DEBTOR INFORMATION

Org. Name: **ALNIC, LLC**  
Mailing Address1: **76 BOYD AVENUE**  
City: **EAST PROVIDENCE** State: **RI** ZIP: **02916** Country: **USA**

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## SECURED PARTY INFORMATION

Org. Name: **CITIZENS BANK OF RI**  
Mailing Address1: **ONE CITIZENS PLAZA**  
City: **PROVIDENCE** State: **RI** ZIP: **02903** Country: **USA**

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**TRANSACTION TYPE: STANDARD**