

UCC-3 Form - Continuation

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CONTACT INFORMATION

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DEBTOR INFORMATION

Org. Name: **FINKELMAN INSURANCE INC**
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SECURED PARTY INFORMATION

Org. Name: **RHODE ISLAND HOSPITAL TRUST NATIONAL BANK**
Mailing Address1: **ONE HOSPITAL TRUST PLAZA**
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ASSIGNEE INFORMATION

Org. Name: **SOVEREIGN BANK, A FEDERAL SAVINGS BANK**
Mailing Address1: **1130 BERKSHIRE BLVD**
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TRANSACTION TYPE: STANDARD