

UCC-3 Form - Termination

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FILER INFORMATION

Full name: **KEN BURNETT** Phone: **401-846-3400**

CONTACT INFORMATION

Contact name: **BANKNEWPORT**
Street #1: **500 WEST MAIN ROAD**
City: **MIDDLETOWN** State: **RI** ZIP: **02842** Country: **USA**
Notification Method: **E-Mail** Email: **susan.clark@banknewport.com**

DEBTOR INFORMATION

Org. Name: **STONEBRIDGE COMMONS, LLC**
Mailing Address1: **1800 MAIN RD.**
City: **TIVERTON** State: **RI** ZIP: **02878** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **BANKNEWPORT**
Mailing Address1: **500 WEST MAIN RD**
City: **MIDDLETOWN** State: **RI** ZIP: **02840** Country: **USA**

TRANSACTION TYPE: STANDARD