A. NAME & PHONE OF Gerri M. Lyons (40) B. SEND ACKNOWLED	CONTACT AT FILER) 348-1283	[optional]				
Attn: Co 23 Broad	shington Trust ensumer QC d Street - 3rd Fl v, Rl 02891	• •				
L			THE ABOVE S	PACE IS F	OR FILING OFFICE U	SE ONLY_
1. DEBTOR'S EXACT 1a. ORGANIZATION'S C. L. Marine, Inc.	NAME	nsert only <u>one</u> debtor name (1a	or 1b) - do not abbreviate or combine names			
>p	NDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
MAILING ADDRESS 2501 West Shore Road		CITY Warwick	STATE RI	POSTAL CODE	COUNTRY	
Id. SEE INSTRUCTIONS					1g. ORGANIZATIONAL ID #, if any	
2b. INDIVIDUAL'S LAST		TYPE OF ORGANIZATION	FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION	STATE	POSTAL CODE ANIZATIONAL ID #, if any	COUNTRY
d. SEE INSTRUCTIONS	ORGANIZATION *		1	_1		Nc
SECURED PARTY	ORGANIZATION DEBTOR SNAME (or NAME of TO	ITAL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured party name (3a or 3b)		
3a. ORGANIZATION'S I	ORGANIZATION DEBTOR NAME (or NAME of TO IAME Trust Company	OTAL ASSIGNEE OF ASSIGNOR	-)		
SECURED PARTY: 3a. ORGANIZATION'S I The Washington R 3b. INDIVIDUAL'S LAST	ORGANIZATION DEBTOR NAME (or NAME of TO IAME Trust Company	TAL ASSIGNEE of ASSIGNOR	S/P) - insert only <u>one</u> secured party name (3a or 3b) FIRST NAME	MIDDLE	NAME	SUFFIX
3a. ORGANIZATION'S I	ORGANIZATION DEBTOR S NAME (or NAME of TO LAME Trust Company NAME		-		POSTAL CODE 02891	SUFFIX COUNTRY USA

State of Rhode Island