B. SEND ACKNOWLED 65412527 - 3	NS (front and back) CAREFULLY CONTACT AT FILER [optional] CE Company 1-800-858-5294 GMENT TO: (Name and Address)				
Corporatio 801 Adlai S	n Service Company Stevenson Drive				
lyayKS@C	SCINTO.COM Filed In: Rhode Is	THE ABOVE S	SPACE IS FO	OR FILING OFFICE US	SE ONLY
1. DEBTOR'S EXACT F 1a. ORGANIZATION'S I	ULL LEGAL NAME - insertonly <u>one</u> debtor name (1a or NAME KYRAN RESEARCH ASSOC	1b)-do not abbreviate or combine names			
OR Th. INDIVIDUAL'S LAST				. <u> </u>	
I.M. MOINDONE SEAST	IVAME	FIRST NAME	MIDDLE	NAME	SUFFI
1c. MAILING ADDRESS 12	27 JOHN CLARKE ROAD	MIDDLETOWN	STATE RI	POSTAL CODE 02842	COUN
1d. SEEINSTRUCTIONS	ADD'L INFO RE ORGANIZATION ORGANIZATION COrp.	11. JURISDICTION OF ORGANIZATION RI	1g. ORG	ANIZATIONAL ID#, if any	
2. ADDITIONAL DEBTO  2a. ORGANIZATION'S N	OR'S EXACT FULL LEGAL NAME - insert only one NAME	e debtor name (2a or 2b) - do not abbreviate or combin	ne names		
OR 25. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE	NAMF	SUFFI
				TO WELL	30-71
2c. MAILING ADDRESS		СПУ	STATE	POSTAL CODE	COUN
2d. SEE INSTRUCTIONS	ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	21. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any	
3. SECURED PARTY'S  3a. ORGANIZATION'S N	NAME (OF NAME OF TOTAL ASSIGNEE OF ASSIGNORS IAME RBS CITIZENS, N.A.	6/P) - insert only one secured party name (3a or 3b)			
OR				_	
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME SUF		SUFFI
3c. MAILING ADDRESS One Citizens Plaza		Providence	STATE	POSTAL CODE	COUNT
	ENT covers the following collateral: of Debtor of every kind and nature, wherev			L	