

UCC-3 Form - Continuation

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FILER INFORMATION

Full name: **MARYLOU SHOLA** Phone: **401-330-1653**

CONTACT INFORMATION

Contact name: **COASTWAY COMMUNITY BANK**

Street #1: **ATTN: BUSINESS LENDING**

Street #2: **ONE COASTWAY PLAZA**

City: **CRANSTON** State: **RI** ZIP: **02910** Country: **USA**

Notification Method: **E-Mail** Email: **mshola@coastway.com**

DEBTOR INFORMATION

Org. Name: **CASALI & D'AMICO ENGINEERING, INC.**

Mailing Address1: **300 POST ROAD**

City: **WARWICK** State: **RI** ZIP: **02888** Country: **USA**

Org. Name: **CASALI & D'AMICO ENGINEERING, INC.**

Org. Type: **CORPORATION** Jurisdiction: **RI** Org. ID: **130352**

Mailing Address1: **300 POST ROAD**

City: **WARWICK** State: **RI** ZIP: **02888** Country: **USA**

Org. Name: **JOE CASALI ENGINEERING, INC.**

Org. Type: **CORPORATION** Jurisdiction: **RI** Org. ID: **130352**

Mailing Address1: **300 POST ROAD**

City: **WARWICK** State: **RI** ZIP: **02888** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **COASTWAY CREDIT UNION**

Mailing Address1: **1 COASTWAY PLAZA**

City: **CRANSTON** State: **RI** ZIP: **02910** Country: **USA**

TRANSACTION TYPE: STANDARD