

# UCC-3 Form - Continuation

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## CONTACT INFORMATION

Contact name: **ANDREW CHARLTON**  
Street #1: **184 JOHN CLARK RD**  
City: **MIDDLETOWN** State: **RI** ZIP: **02842** Country: **USA**  
Notification Method: **E-MAIL** Email: **ANDREW.CHARLTON@BANKNEWPORT.COM**

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## DEBTOR INFORMATION

Org. Name: **ARNOLD ART, INC.**  
Mailing Address1: **210 THAMES STREET**  
City: **NEWPORT** State: **RI** ZIP: **02840** Country: **USA**

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## SECURED PARTY INFORMATION

Org. Name: **BANK OF NEWPORT**  
Mailing Address1: **500 WEST MAIN ROAD**  
City: **MIDDLETOWN** State: **RI** ZIP: **02842** Country: **USA**

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**TRANSACTION TYPE: STANDARD**  
**COLLATERAL IS / ADMINISTERED BY:**  
**ALTERNATIVE DESIGNATION:**