

UCC-3 Form - Continuation

Original File Number: **200907232030** Original File Date: **2/20/2009 2:41:00 PM**

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: **DAVELEN, INC.**

Org. Type: **CORPORATION** Jurisdiction: **RI** Org. ID: **000054352**

Mailing Address1: **655 MAIN SREET**

City: **EAST GREENWICH** State: **RI** ZIP: **02818** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **COASTWAY CREDIT UNION**

Mailing Address1: **SBA DEPARTMENT**

Mailing Address2: **ONE COASTWAY PLAZA**

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

TRANSACTION TYPE: **STANDARD**

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: