

# UCC-3 Form - Continuation

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## FILER INFORMATION

Full name: ANA WILLIS Phone: 401-949-1600

## CONTACT INFORMATION

Contact name: JASON M. HOLT, ESQ.

Street #1: 77 ROLFE SQUARE

Street #2: P.O. BOX 3611

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

Notification Method: E-MAIL Email: JASON@NOTTIELAW.COM

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## DEBTOR INFORMATION

Last Name: MONTALVO First: PATRICIA Middle: A

Mailing Address1: 405 POTTERS AVENUE

City: PROVIDENCE State: RI ZIP: 02907 Country: USA

Last Name: MONTALVO First: TEOFILO Middle: S

Mailing Address1: 405 POTTERS AVENUE

City: PROVIDENCE State: RI ZIP: 02907 Country: USA

Org. Name: MONTALVO ENTERPRISES, INC.

Mailing Address1: 25 PONTIAC AVENUE

City: PROVIDENCE State: RI ZIP: 02907 Country: USA

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## SECURED PARTY INFORMATION

Org. Name: FREEDOM NATIONAL BANK

Mailing Address1: PO BOX 275

City: GREENVILLE State: RI ZIP: 02828 Country: USA

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TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: