

# UCC-3 Form - Continuation

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## FILER INFORMATION

Full name: **ANNEMARIE FEELEY** Phone: **401-233-4721**

## CONTACT INFORMATION

Contact name: **NAVIGANT CREDIT UNION**

Street #1: **MEMBER BUSINESS LENDING**

Street #2: **1005 DOUGLAS PIKE**

City: **SMITHFIELD** State: **RI** ZIP: **02865** Country: **USA**

Notification Method: **E-MAIL** Email: **AFEELEY@NAVIGANTCU.ORG**

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## DEBTOR INFORMATION

Org. Name: **L & M MANAGEMENT, INC.**

Mailing Address1: **155 JENCKES HILL ROAD**

City: **LINCOLN** State: **RI** ZIP: **02865** Country: **USA**

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## SECURED PARTY INFORMATION

Org. Name: **NAVIGANT CREDIT UNION**

Mailing Address1: **1005 DOUGLAS PIKE**

City: **SMITHFIELD** State: **RI** ZIP: **02917** Country: **USA**

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**TRANSACTION TYPE: STANDARD**

**COLLATERAL IS / ADMINISTERED BY:**

**ALTERNATIVE DESIGNATION:**