UCC-1 Form

FILER INFORMATION

Full name: **NAHOMIE ST CULUS** *Phone:* **401-330-1677**

CONTACT INFORMATION

Contact name: **COASTWAY COMMUNITY BANK**
Street #1: **ONE COASTWAY PLAZA**
City: **CRANSTON** *State:* **RI** *ZIP:* **02910** *Country:* **USA**
Notification Method: **E-MAIL** *Email:* **NSTCULUS@COASTWAY.COM**

DEBTOR INFORMATION

Org. Name: **SCHOALES HOWARD ENTERPRISES, LLC**
Mailing Address1: **90 SHIP STREET, UNIT D-2**
City: **PROVIDENCE** *State:* **RI** *ZIP:* **02903** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **COASTWAY COMMUNITY BANK**
Mailing Address1: **ONE COASTWAY PLAZA**
City: **CRANSTON** *State:* **RI** *ZIP:* **02910** *Country:* **USA**

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