

UCC-3 Form - Continuation

Original File Number: **705633** Original File Date: **12/15/1999**

FILER INFORMATION

Full name: **ANDREW CHARLTON** Phone: **401-845-8799**

CONTACT INFORMATION

Contact name: **BANKNEWPORT**

Street #1: **184 JOHN CLARKE RD**

City: **MIDDLETOWN** State: **RI** ZIP: **02842** Country: **USA**

Notification Method: **E-MAIL** Email: **ANDREW.CHARLTON@BANKNEWPORT.COM**

DEBTOR INFORMATION

Org. Name: **186 WATERMAN ASSOCIATES**

Mailing Address1: **PO BOX 2431**

City: **BOSTON** State: **MA** ZIP: **02208** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **BANK OF NEWPORT**

Mailing Address1: **500 WEST MAIN ROAD**

City: **MIDDLETOWN** State: **RI** ZIP: **02842** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: