

# UCC-3 Form - Continuation

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## 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**

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## DEBTOR INFORMATION

Org. Name: **DIESEL DAVE'S LTD**  
Mailing Address1: **P.O. BOX 4067**  
City: **MIDDLETOWN** State: **RI** ZIP: **02842** Country: **USA**

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## SECURED PARTY INFORMATION

Org. Name: **BANKNEWPORT**  
Mailing Address1: **500 WEST MAIN ROAD**  
City: **MIDDLETOWN** State: **RI** ZIP: **02842** Country: **USA**

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**TRANSACTION TYPE: STANDARD**

**COLLATERAL IS / ADMINISTERED BY:**

**ALTERNATIVE DESIGNATION:**