

UCC-3 Form - Continuation

Original File Number: **200908064360** Original File Date: **11/19/2009 4:18:00 PM**

FILER INFORMATION

Full name: **SHARON M. LEVY** Phone: **508-823-7744**

CONTACT INFORMATION

Contact name: **MECHANICS COOPERATIVE BANK**

Street #1: **P O BOX 552**

City: **TAUNTON** State: **MA** ZIP: **02780** Country: **USA**

Notification Method: **E-MAIL** Email: **LOANSERVICING@MECHANICS-COOP.COM**

DEBTOR INFORMATION

Org. Name: **ACCORDSTONE HOLDINGS, LLC**

Org. Type: **LLC** Jurisdiction: **RI** Org. ID: **02909**

Mailing Address1: **369 BROADWAY**

City: **PROVIDENCE** State: **RI** ZIP: **02909** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **MECHANICS' CO-OPERATIVE BANK**

Mailing Address1: **308 BAY STREET**

City: **TAUNTON** State: **MA** ZIP: **02780** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: