

# UCC-3 Form - Continuation

Original File Number: **201008252600** Original File Date: **1/15/2010 9:49:00 AM**

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## FILER INFORMATION

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

## CONTACT INFORMATION

Contact name: **NAHOMIE ST CULUS**

Street #1: **ONE COASTWAY BLV**

City: **WARWICK** State: **RI** ZIP: **02886** Country: **USA**

Notification Method: **E-MAIL** Email: **NSTCULUS@COASTWAY.COM**

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## DEBTOR INFORMATION

Org. Name: **MONTESSORI CENTRE OF BARRINGTON**

Mailing Address1: **303 SOWAMS ROAD**

City: **BARRINGTON** State: **RI** ZIP: **02806** Country: **USA**

Org. Name: **MONTESSORI ON SOWAMS, LLC**

Mailing Address1: **303 SOWAMS ROAD**

City: **BARRINGTON** State: **RI** ZIP: **02806** Country: **USA**

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## SECURED PARTY INFORMATION

Org. Name: **COASTWAY COMMUNITY BANK**

Mailing Address1: **ONE COASTWAY PLAZA**

City: **CRANSTON** State: **RI** ZIP: **02910** Country: **USA**

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**TRANSACTION TYPE: STANDARD**

**COLLATERAL IS / ADMINISTERED BY:**

**ALTERNATIVE DESIGNATION:**