

UCC-3 Form - Continuation

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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

DEBTOR INFORMATION

Org. Name: GERSHKOFF ENTERPRISES, INC.

Mailing Address1: 1085 CRANSTON STREET

City: CRANSTON State: RI ZIP: 02920 Country: USA

SECURED PARTY INFORMATION

Org. Name: COASTWAY COMMUNITY BANK

Mailing Address1: ONE COASTWAY PLAZA

City: CRANSTON State: RI ZIP: 02920 Country: USA

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: