

UCC-3 Form - Continuation

Original File Number: **200502334940** Original File Date: **5/17/2005 2:07:00 PM**

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: **D/B/A THE COTTAGE AT FOUR CORNERS**

Mailing Address1: **3847 MAIN RD.**

City: **TIVERTON** State: **RI** ZIP: **02878** Country: **USA**

Org. Name: **NANCY HEMENWAY, INC.**

Mailing Address1: **3847 MAIN RD.**

City: **TIVERTON** State: **RI** ZIP: **02878** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **BNKNEWPORT**

Mailing Address1: **500 WEST MAIN RD.**

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

TRANSACTION TYPE: **STANDARD**

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