

UCC-3 Form - Continuation

Original File Number: **201008302080**

Original File Date: **2/1/2010 1:19:00 PM**

CONTACT INFORMATION

Contact name: **BANK RHODE ISLAND**

Street #1: **ONE TURKS HEAD PLACE**

City: **PROVIDENCE** State: **RI** ZIP: **02903** Country: **USA**

Notification Method: **E-MAIL** Email: **SNG@BRKL.COM**

DEBTOR INFORMATION

Org. Name: **HAROLD E. BEAUDOIN INSURANCE AGENCY, INC.**

Mailing Address1: **73 TAUNTON AVENUE**

City: **EAST PROVIDENCE** State: **RI** ZIP: **02914** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **BANKRI**

Mailing Address1: **PO BOX 9488**

City: **PROVIDENCE** State: **RI** ZIP: **02940** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: