

UCC-3 Form - Continuation

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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: **FIFTH WARD LIQUOR, INC.**

Mailing Address1: **695 THAMES STREET**

City: **NEWPORT** State: **RI** ZIP: **02840** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **BANKNEWPORT**

Mailing Address1: **500 WEST MAIN ROAD**

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

TRANSACTION TYPE: **STANDARD**

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