

UCC-3 Form - Continuation

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CONTACT INFORMATION

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DEBTOR INFORMATION

Org. Name: **WARROOM DOCUMENT SOLUTIONS OF RHODE ISLAND, INC.**
Mailing Address1: **101 DYER STREET, SUITE 302**
City: **PROVIDENCE** State: **RI** ZIP: **02903** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **BANK RHODE ISLAND**
Mailing Address1: **PO BOX 9488**
City: **PROVIDENCE** State: **RI** ZIP: **02940** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: