

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: **MAGGIACOMO ENTERPRISES, L.L.C.**

Mailing Address1: **51 WESTERN INDUSTRIAL DRIVE**

City: **CRANSTON** State: **RI** ZIP: **02921** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **COASTWAY COMMUNITY BANK**

Mailing Address1: **1 COASTWAY PLAZA**

City: **CRANSTON** State: **RI** ZIP: **02910** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: