

UCC-3 Form - Continuation

Original File Number: **201008902910** Original File Date: **7/28/2010 1:29:00 PM**

CONTACT INFORMATION

Contact name: **FIRST AMERICAN TITLE INSURANCE COMPANY, UCC DIVISION**

Street #1: **5 FIRST AMERICAN WAY**

City: **SANTA ANA** State: **CA** ZIP: **92707** Country: **USA**

Notification Method: **E-MAIL** Email: **DLATHROP@FIRSTAM.COM**

DEBTOR INFORMATION

Org. Name: **PINEAPPLE HOSPITALITY, LLC**

Mailing Address1: **372 CODDINGTON HIGHWAY**

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

Org. Name: **PINEAPPLE INN, LLC**

Mailing Address1: **372 CODDINGTON HIGHWAY**

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

SECURED PARTY INFORMATION

Org. Name: **INDEPENDENCE BANK**

Mailing Address1: **1370 SOUTH COUNTY TRAIL**

City: **EAST GREENWICH** State: **RI** ZIP: **02818** Country: **USA**

TRANSACTION TYPE: STANDARD

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