UCC-3 Form - Continuation

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CONTACT INFORMATION

Contact name: **BANK RHODE ISLAND**
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Notification Method: **E-MAIL** *Email:* **SNG@BRKL.COM**

DEBTOR INFORMATION

Org. Name: **TIRE DOCTOR LLC**
Mailing Address1: **8 FEDERAL STREET**
City: **BLACKSTONE** *State:* **MA** *ZIP:* **01504** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **BANK RHODE ISLAND**
Mailing Address1: **1175 CUMBERLAND HILL ROAD**
City: **WOONSOCKET** *State:* **RI** *ZIP:* **02895** *Country:* **USA**

TRANSACTION TYPE: **STANDARD**
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