

# UCC-3 Form - Continuation

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## CONTACT INFORMATION

Contact name: **BANK RHODE ISLAND**  
Street #1: **ONE TURKS HEAD PLACE**  
City: **PROVIDENCE**    State: **RI**    ZIP: **02903**    Country: **USA**  
Notification Method: **E-MAIL**    Email: **SNG@BRKL.COM**

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## DEBTOR INFORMATION

Org. Name: **647 JEFFERSON, LLC.**  
Mailing Address1: **42 LADD STREET, SUITE 307**  
City: **EAST GREENWICH**    State: **RI**    ZIP: **02818**    Country: **USA**

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## SECURED PARTY INFORMATION

Org. Name: **BANK RHODE ISLAND**  
Mailing Address1: **ONE TURKS HEAD PLACE**  
City: **PROVIDENCE**    State: **RI**    ZIP: **02903**    Country: **USA**

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**TRANSACTION TYPE: STANDARD**

**COLLATERAL IS / ADMINISTERED BY:**

**ALTERNATIVE DESIGNATION:**