

UCC-3 Form - Continuation

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FILER INFORMATION

Full name: **DENISE P. HOOPER** Phone: **401-453-0118**

CONTACT INFORMATION

Contact name: **OCEAN STATE BUSINESS DEVELOPMENT AUTHORITY, INC**

Street #1: **155 SOUTH MAIN ST., STE 403**

City: **PROVIDENCE** State: **RI** ZIP: **02903** Country: **USA**

Notification Method: **E-MAIL** Email: **DPHOOPER@OSBDA.COM**

DEBTOR INFORMATION

Org. Name: **21 LARK REALTY, LLC**

Mailing Address1: **21 LARK INDUSTRIAL PARKWAY**

City: **SMITHFIELD** State: **RI** ZIP: **02828** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **OCEAN STATE BUSINESS DEVELOPMENT AUTHORITY, INC.**

Mailing Address1: **155 SOUTH MAIN STREET, SUITE 403**

City: **PROVIDENCE** State: **RI** ZIP: **02903** Country: **USA**

ASSIGNEE INFORMATION

Org. Name: **SMALL BUSINESS ADMINISTRATION**

Mailing Address1: **380 WESTMINSTER MALL, 5TH FLOOR**

City: **PROVIDENCE** State: **RI** ZIP: **02903** Country: **USA**

TRANSACTION TYPE: STANDARD

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