UCC-3 Form - Continuation

Original File Number: **201008873940** *Original File Date:* **7/20/2010 3:14:00 PM**

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: **DOUBLE "D" LOCKS, INC.**
Org. Type: **CORPORATION** *Jurisdiction:* **RI** *Org. ID:* **000139065**
Mailing Address1: **1613 WARWICK AVENUE**
City: **WARWICK** *State:* **RI** *ZIP:* **02889** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **COASTWAY COMMUNITY BANK**
Mailing Address1: **ONE COASTWAY PLAZA**
Mailing Address2: **COMMERCIAL LENDING DEPT.**
City: **CRANSTON** *State:* **RI** *ZIP:* **02910** *Country:* **USA**

TRANSACTION TYPE: **STANDARD**
COLLATERAL IS / ADMINISTERED BY:
ALTERNATIVE DESIGNATION: