# UCC-3 Form - Continuation

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## CONTACT INFORMATION

*Contact name:* **BANK RHODE ISLAND**
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## DEBTOR INFORMATION

*Org. Name:* **TOUCH OF COLOR INC**
*Mailing Address1:* **94 VINCENT AVENUE**
*City:* **EAST PROVIDENCE** *State:* **RI** *ZIP:* **02914** *Country:* **USA**

## SECURED PARTY INFORMATION

*Org. Name:* **BANK RHODE ISLAND**
*Mailing Address1:* **PO BOX 9488**
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**TRANSACTION TYPE: STANDARD**
**COLLATERAL IS / ADMINISTERED BY:**
**ALTERNATIVE DESIGNATION:**