UCC-3 Form - Continuation

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FILER INFORMATION

Full name: **NAHOMIE ST CULUS** *Phone:* **401-3301677**

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: **PHENIX HOME CARE & NURSING SERVICE, INC.**
Org. Type: **CORPORATION** *Jurisdiction:* **RI** *Org. ID:* **000063085**
Mailing Address1: **227 PHENIX AVENUE**
City: **CRANSTON** *State:* **RI** *ZIP:* **02920** *Country:* **USA**

SECURED PARTY INFORMATION

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

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