UCC-3 Form - Continuation

Original File Number: **725042** *Original File Date:* **2/23/2001**

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**

DEBTOR INFORMATION

Org. Name: **MONTESSORI CHILDRENS HOUSE INC**
Mailing Address1: **518 LLOYD AVE**
City: **PROVIDENCE** *State:* **RI** *ZIP:* **02906** *Country:* **USA**

SECURED PARTY INFORMATION

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

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