

UCC-3 Form - Continuation

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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: **PHILIP R. RIZZUTO, M.D., LTD.**

Mailing Address1: **120 DUDLEY STREET 3RD FLOOR**

City: **PROVIDENCE** State: **RI** ZIP: **02905** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **BANK RHODE ISLAND**

Mailing Address1: **P.O. BOX 9488**

City: **PROVIDENCE** State: **RI** ZIP: **02940** Country: **USA**

TRANSACTION TYPE: **STANDARD**

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