

UCC-3 Form - Continuation

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FILER INFORMATION

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CONTACT INFORMATION

Contact name: **MECHANICS COOPERATIVE BANK**

Street #1: **P O BOX 552**

City: **TAUNTON** State: **MA** ZIP: **02780** Country: **USA**

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DEBTOR INFORMATION

Org. Name: **YOUR PLACE RI, LLC**

Org. Type: **LLC** Jurisdiction: **RI** Org. ID: **552793**

Mailing Address1: **601 GREAT ROAD**

City: **NORTH SMITHFIELD** State: **RI** ZIP: **02896** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **MECHANICS' CO-OPERATIVE BANK**

Mailing Address1: **308 BAY STREET**

City: **TAUNTON** State: **MA** ZIP: **02780** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: