

UCC-3 Form - Amendment

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FILER INFORMATION

Full name: **DANIELLE ANTONETTI** Phone: **401-453-2300**

CONTACT INFORMATION

Contact name: **LISA M. KRESGE**

Street #1: **BRENNAN, RECUPERO, CASCIONE, SCUNGIO, & MCALLISTER, LLP**

Street #2: **362 BROADWAY**

City: **PROVIDENCE** State: **RI** ZIP: **02909** Country: **USA**

Notification Method: **E-MAIL** Email: **DANTONETTI@BRCSM.COM**

DEBTOR INFORMATION

Org. Name: **ROCH'S FRESH FOODS NARRAGANSETT, INC.**

Mailing Address1: **1183 BOSTON NECK ROAD**

City: **NARRAGANSETT** State: **RI** ZIP: **02882** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **CENTREVILLE SAVINGS BANK**

Mailing Address1: **1218 MAIN STREET**

Mailing Address2: **ATTN: SCOTT M. SHEPPARD**

City: **WEST WARWICK** State: **RI** ZIP: **02893** Country: **USA**

TRANSACTION TYPE: STANDARD

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