

UCC-3 Form - Continuation

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FILER INFORMATION

Full name: **NAHOMIE ST CULUS** Phone: **401-330-1677**

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: **SACCOCCIO & ASSOCIATES, INC. ARCHITECTS**

Org. Type: **CORPORATION** Jurisdiction: **RI** Org. ID: **000006358**

Mailing Address1: **1085 PARK AVENUE**

City: **CRANSTON** State: **RI** ZIP: **02910** Country: **USA**

Org. Name: **SALVATORE SACCOCCIO & ASSOCIATES, INC.**

Org. Type: **CORPORATION** Jurisdiction: **RI** Org. ID: **000006358**

Mailing Address1: **1085 PARK AVENUE**

City: **CRANSTON** State: **RI** ZIP: **02910** 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:

ALTERNATIVE DESIGNATION: