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: **ABAL CHECK CASHING, INC.**
Mailing Address1: **100 BERNON STREET**
City: **WOONSOCKET** *State:* **RI** *ZIP:* **02895** *Country:* **USA**

SECURED PARTY INFORMATION

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

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