

UCC-3 Form - Continuation

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DEBTOR INFORMATION

Org. Name: **RHODE ISLAND CHILDREN'S CRUSADE FOR HIGHER EDUCATION**

Mailing Address1: **134 THURBERS AVENUE**

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

Org. Name: **THE COLLEGE CRUSADE OF RHODE ISLAND**

Mailing Address1: **134 THURBER AVENUE**

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SECURED PARTY INFORMATION

Org. Name: **BANK OF AMERICA, N.A.**

Mailing Address1: **1075 MAIN STREET**

City: **WALTHAM** State: **MA** ZIP: **02451** Country: **USA**

TRANSACTION TYPE: STANDARD

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