

UCC-3 Form - Continuation

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CONTACT INFORMATION

Contact name: **FIRST AMERICAN TITLE INSURANCE COMPANY**

Street #1: **5 FIRST AMERICAN WAY**

City: **SANTA ANA** State: **CA** ZIP: **92707** Country: **USA**

Notification Method: **E-MAIL** Email: **DLATHROP@FIRSTAM.COM**

DEBTOR INFORMATION

Org. Name: **162 O'CONNELL STREET REAL ESTATE LLC**

Mailing Address1: **162 O'CONNELL STREET**

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

SECURED PARTY INFORMATION

Org. Name: **INDEPENDENCE BANK**

Mailing Address1: **1370 SOUTH COUNTY TRAIL**

City: **EAST GREENWICH** State: **RI** ZIP: **02818** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: