UCC-3 Form - Continuation

Original File Number: **201109909070** *Original File Date:* **5/13/2011 11:16:00 AM**

FILER INFORMATION

Full name: **CT LIEN SOLUTIONS** *Phone:* **(800)331-3282**

CONTACT INFORMATION

Contact name: **CT LIEN SOLUTIONS**
Street #1: **P.O. BOX 29071**
Street #2: **ORDER:53552988**
City: **GLENDALE** *State:* **CA** *ZIP:* **91209-9071** *Country:* **USA**
Notification Method: **E-MAIL** *Email:* **SOSACK@UCCDIRECT.COM**

DEBTOR INFORMATION

Org. Name: **BLOCK ISLAND MARITIME INSTITUTE**
Mailing Address1: **216 OCEAN AVENUE**
City: **BLOCK ISLAND** *State:* **RI** *ZIP:* **02807** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **THE WASHINGTON TRUST COMPANY**
Mailing Address1: **23 BROAD STREET**
City: **WESTERLY** *State:* **RI** *ZIP:* **02891** *Country:* **USA**

TRANSACTION TYPE: **STANDARD**
COLLATERAL IS / ADMINISTERED BY:
ALTERNATIVE DESIGNATION: