UCC-3 Form - Continuation

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FILER INFORMATION

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CONTACT INFORMATION

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DEBTOR INFORMATION

Org. Name: **DUARTE ENTERPRISES, LLC**
Org. Type: **LLC** *Jurisdiction:* **RI** *Org. ID:* **89052**
Mailing Address1: **53 JOHN STREET**
City: **CUMBERLAND** *State:* **RI** *ZIP:* **02864** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **CITIZENS-UNION SAVINGS BANK**
Mailing Address1: **4 SOUTH MAIN STREET**
Mailing Address2: **P.O. BOX 1311**
City: **FALL RIVER** *State:* **MA** *ZIP:* **02722** *Country:* **USA**

TRANSACTION TYPE: **STANDARD**
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