

# UCC-3 Form - Continuation

Original File Number: **201110489640** Original File Date: **10/31/2011 2:20:00 PM**

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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**

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## DEBTOR INFORMATION

Org. Name: **B. PINELLI, INC.**  
Mailing Address1: **736 NORTH BROADWAY**  
City: **EAST PROVIDENCE** State: **RI** ZIP: **02914** Country: **USA**

Org. Name: **PINELLI'S GOURMET DELI, INC.**  
Mailing Address1: **701 QUAKER LANE**  
City: **WEST WARWICK** State: **RI** ZIP: **02893** Country: **USA**

Org. Name: **PINELLI'S REALTY, INC.**  
Mailing Address1: **736 NORTH BROADWAY**  
City: **EAST PROVIDENCE** State: **RI** ZIP: **02914** Country: **USA**

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## SECURED PARTY INFORMATION

Org. Name: **INDEPENDENCE BANK**  
Mailing Address1: **1370 SOUTH COUNTY TRAIL**  
City: **EAST GREENWICH** State: **RI** ZIP: **02818** Country: **USA**

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**TRANSACTION TYPE: STANDARD**

**COLLATERAL IS / ADMINISTERED BY:**

**ALTERNATIVE DESIGNATION:**