UCC-3 Form - Continuation

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FILER INFORMATION

Full name: **NAHOMIE ST CULUS** *Phone:* **401-330-1677**

CONTACT INFORMATION

Contact name: **NAHOMIE ST CULUS**
Street #1: **ONE COASTWAY BLV**
City: **WARWICK** *State:* **RI** *ZIP:* **02886** *Country:* **USA**
Notification Method: **E-MAIL** *Email:* **NSTCULUS@COASTAY.COM**

DEBTOR INFORMATION

Org. Name: **W.C.P. ASSOCIATES**
Mailing Address1: **1057 MINERAL SPRING AVENUE**
City: **NORTH PROVIDENCE** *State:* **RI** *ZIP:* **02904** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **COASTWAY COMMUNITY BANK**
Mailing Address1: **ONE COASTWAY PLAZA**
City: **CRANSTON** *State:* **RI** *ZIP:* **02910** *Country:* **USA**

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