UCC-3 Form - Continuation

Original File Number: **201110321670** *Original File Date:* **9/14/2011 1:11:00 PM**

FILER INFORMATION

Full name: **TRACEY PECCHIA** *Phone:* **401-223-2100**

CONTACT INFORMATION

Contact name: **ORSON AND BRUSINI LTD.**
Street #1: **144 WAYLAND AVENUE**
City: **PROVIDENCE** *State:* **RI** *ZIP:* **02906** *Country:* **USA**
Notification Method: **E-MAIL** *Email:* **TPECCHIA@ORSONANDBRUSINI.COM**

DEBTOR INFORMATION

Org. Name: **SMITH & HAWES, LTD.**
Mailing Address1: **581 HICKORY ROAD**
City: **NORTH ATTLEBORO** *State:* **MA** *ZIP:* **02760** *Country:* **USA**

Org. Name: **SMITH & HAWES, LTD.**
Org. Type: **CORPORATION** *Jurisdiction:* **RI** *Org. ID:* **000683555**
Mailing Address1: **581 HICKORY ROAD**
City: **NORTH ATTLEBORO** *State:* **MA** *ZIP:* **02760** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **BRANNIGAN AGENCY, INC.**
Mailing Address1: **1583 DIAMOND HILL ROAD**
City: **WOONSOCKET** *State:* **RI** *ZIP:* **02865** *Country:* **USA**

Org. Name: **BRANNIGAN AGENCY, INC.**
Mailing Address1: **1583 DIAMOND HILL ROAD**
City: **WOONSOCKET** *State:* **RI** *ZIP:* **02865** *Country:* **USA**

ASSIGNEE INFORMATION

Last Name: **BRANNIGAN** *First:* **VICKIE** *Middle:* **J.**
Mailing Address1: **98 LYNNE LANE**
City: **MAPLEVILLE** *State:* **RI** *ZIP:* **02839** *Country:* **USA**

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