

UCC-3 Form - Continuation

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FILER INFORMATION

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

CONTACT INFORMATION

Contact name: **CT LIEN SOLUTIONS**

Street #1: **P.O. BOX 29071**

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Notification Method: **E-MAIL** Email: **SOSACK@UCCDIRECT.COM**

DEBTOR INFORMATION

Org. Name: **AKG REALTY, LLC**

Mailing Address1: **6320 POST RD.**

City: **NORTH KINGSTOWN** State: **RI** ZIP: **02852** Country: **USA**

Org. Name: **ANTHONY J. GAZZOLA, JR., DMD, P.C.**

Mailing Address1: **6810 POST ROAD**

City: **NORTH KINGSTOWN** State: **RI** ZIP: **02852** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **BANK OF AMERICA, N.A**

Mailing Address1: **600 NORTH CLEVELAND AVE SUITE 300**

City: **WESTERVILLE** State: **OH** ZIP: **43082** Country: **USA**

TRANSACTION TYPE: STANDARD

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