

# UCC-3 Form - Continuation

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## CONTACT INFORMATION

Contact name: **SAVINGS INSTITUTE BANK AND TRUST COMPANY**  
Street #1: **803 MAIN STREET**  
City: **WILLIMANTIC** State: **CT** ZIP: **06226** Country: **USA**  
Notification Method: **E-MAIL** Email: **LYNN\_WARREN@BANKSI.COM**

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## DEBTOR INFORMATION

Org. Name: **MARARIAN COMPLEX, LLC**  
Mailing Address1: **P.O. BOX 16332**  
City: **RUMFORD** State: **RI** ZIP: **02916** Country: **USA**

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## SECURED PARTY INFORMATION

Org. Name: **NEWPORT FEDERAL SAVINGS BANK**  
Mailing Address1: **100 BELLEVUE AVENUE, P.O. BOX 210**  
City: **NEWPORT** State: **RI** ZIP: **02840** Country: **USA**

Org. Name: **SAVINGS INSTITUTE BANK AND TRUST COMPANY**  
Mailing Address1: **803 MAIN STREET**  
City: **WILLIMANTIC** State: **CT** ZIP: **06226** Country: **USA**

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**TRANSACTION TYPE: STANDARD**

**COLLATERAL IS / ADMINISTERED BY:**

**ALTERNATIVE DESIGNATION:**