

# UCC-3 Form - Continuation

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## CONTACT INFORMATION

Contact name: **BANK RHODE ISLAND**

Street #1: **ONE TURKS HEAD PLACE**

City: **PROVIDENCE** State: **RI** ZIP: **02903** Country: **USA**

Notification Method: **E-MAIL** Email: **SNG@BRKL.COM**

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## DEBTOR INFORMATION

Org. Name: **CARLA CORP.**

Mailing Address1: **33 SUTTON AVENUE**

City: **EAST PROVIDENCE** State: **RI** ZIP: **02914** Country: **USA**

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## SECURED PARTY INFORMATION

Org. Name: **BANK RHODE ISLAND, AS AGENT**

Mailing Address1: **ONE TURKS HEAD PLACE**

City: **PROVIDENCE** State: **RI** ZIP: **02903** Country: **USA**

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**TRANSACTION TYPE: STANDARD**

**COLLATERAL IS / ADMINISTERED BY:**

**ALTERNATIVE DESIGNATION:**