UCC-3 Form - Continuation

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FILER INFORMATION

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CONTACT INFORMATION

Contact name: **CENTREVILLE BANK**
Street #1: **1218 MAIN ST**
City: **WEST WARWICK** *State:* **RI** *ZIP:* **02893** *Country:* **USA**
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DEBTOR INFORMATION

Org. Name: **2525 POST ROAD LLC**
Org. Type: **LLC** *Jurisdiction:* **RI** *Org. ID:* **000699152**
Mailing Address1: **2525 POST ROAD**
City: **WARWICK** *State:* **RI** *ZIP:* **02886** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **CENTREVILLE SAVINGS BANK**
Mailing Address1: **1218 MAIN STREET**
City: **WEST WARWICK** *State:* **RI** *ZIP:* **02893** *Country:* **USA**

TRANSACTION TYPE: **STANDARD**
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ALTERNATIVE DESIGNATION: