

UCC-3 Form - Termination

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FILER INFORMATION

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CONTACT INFORMATION

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

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DEBTOR INFORMATION

Org. Name: **THE FRASSATI RESIDENCE**

Mailing Address1: **400 MENDON ROAD**

City: **NORTH SMITHFIELD** State: **RI** ZIP: **02896** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **TD BANK, N.A.**

Mailing Address1: **370 MAIN STREET**

City: **WORCESTER** State: **MA** ZIP: **01608-1723** Country: **USA**

TRANSACTION TYPE: PUBLIC FINANCE

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