

UCC-3 Form - Termination

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FILER INFORMATION

Full name: **EUGENE G. BERNARDO, ESQUIRE** Phone: **401-861-8200**

CONTACT INFORMATION

Contact name: **PARTRIDGE SNOW & HAHN LLP**

Street #1: **40 WESTMINSTER STREET**

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

Notification Method: **E-MAIL** Email: **MLB@PSH.COM**

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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