

UCC-3 Form - Continuation

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CONTACT INFORMATION

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DEBTOR INFORMATION

Org. Name: **ARMSTRONG, GIBBONS & GYNS, LLP**

Mailing Address1: **300 METRO CENTER BLVD, SUITE 150A**

City: **WARWICK** State: **RI** ZIP: **02886** Country: **USA**

Org. Name: **GILSTEIN, KINDER & LEVIN, LLP**

Mailing Address1: **300 METRO CENTER BLVD, SUITE 150A**

City: **WARWICK** State: **RI** ZIP: **02886** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **THE WASHINGTON TRUST COMPANY**

Mailing Address1: **23 BROAD STREET**

City: **WESTERLY** State: **RI** ZIP: **02891** Country: **USA**

TRANSACTION TYPE: STANDARD

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