UCC-3 Form - Continuation

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FILER INFORMATION

Full name: **BARBARA MCGUIRE** *Phone:* **7819281118**

CONTACT INFORMATION

Contact name: **NEW ENGLAND CERTIFIED DEV. CORP.**
Street #1: **500 EDGEWATER DR., SUITE 555**
City: **WAKEFIELD** *State:* **MA** *ZIP:* **01880** *Country:* **USA**
Notification Method: **E-MAIL** *Email:* **BMCGUIRE@BDCNEWENGLAND.COM**

DEBTOR INFORMATION

Org. Name: **GENERATIONS, LLC**
Mailing Address1: **24 VERNDALE CIRCLE**
City: **BRISTOL** *State:* **RI** *ZIP:* **02809** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **U.S. SMALL BUSINESS ADMINISTRATION**
Mailing Address1: **500 EDGEWATER DRIVE, SUITE 555**
City: **WAKEFIELD** *State:* **MA** *ZIP:* **01880** *Country:* **USA**

TRANSACTION TYPE: **STANDARD**
COLLATERAL IS / ADMINISTERED BY:
ALTERNATIVE DESIGNATION: