UCC-3 Form - Amendment

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CONTACT INFORMATION

Contact name: **SAVINGS INSTITUTE BANK AND TRUST COMPANY**
Street #1: **803 MAIN STREET**
City: **WILLIMANTIC** *State:* **CT** *ZIP:* **06226** *Country:* **USA**
Notification Method: **E-MAIL** *Email:* **SUSAN_GRIMES@BANKSI.COM**

DEBTOR INFORMATION

Org. Name: **CORFU, INC.**
Mailing Address1: **6913 POST ROAD**
City: **NORTH KINGSTOWN** *State:* **RI** *ZIP:* **02852** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **SAVINGS INSTITUTE BANK AND TRUST COMPANY**
Mailing Address1: **803 MAIN STREET**
City: **WILLIMANTIC** *State:* **CT** *ZIP:* **06226** *Country:* **USA**

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