

UCC-3 Form - Continuation

Original File Number: **201210768500**

Original File Date: **1/18/2012 2:31:00 PM**

FILER INFORMATION

Full name: **MARISSA DEBLOIS** Phone: **401-949-1600**

CONTACT INFORMATION

Contact name: **JASON M. HOLT, ESQ.**

Street #1: **77 ROLFE SQUARE**

Street #2: **P.O. BOX 3611**

City: **CRANSTON** State: **RI** ZIP: **02910** Country: **USA**

Notification Method: **E-MAIL** Email: **JASON@NOTTIELAW.COM**

DEBTOR INFORMATION

Org. Name: **MATRIX POWER SERVICES, INC.**

Mailing Address1: **59 DAVIS DRIVE**

City: **PASCOAG** State: **RI** ZIP: **02859** Country: **USA**

Org. Name: **MATRIX PROPERTIES, LLC**

Mailing Address1: **59 DAVIS DRIVE**

City: **PASCOAG** State: **RI** ZIP: **02859** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **FREEDOM NATIONAL BANK**

Mailing Address1: **584 PUTNAM PIKE**

City: **GREENVILLE** State: **RI** ZIP: **02828** Country: **USA**

TRANSACTION TYPE: **STANDARD**

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