

UCC-3 Form - Termination

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FILER INFORMATION

Full name: **JOSEPH MANSOUR** Phone: **334-9099**

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: **MARCOVICH, MANSOUR & ASSOCIATES, INC.**

Mailing Address1: **640 GEORGE WASHINGTON HIGHWAY**

City: **LINCOLN** State: **RI** ZIP: **02865** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **CITIZENS BANK, N.A.**

Mailing Address1: **ONE CITIZENS PLAZA**

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

TRANSACTION TYPE: STANDARD

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