

UCC-3 Form - Continuation

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FILER INFORMATION

Full name: **CT LIEN SOLUTIONS** Phone: **(800)331-3282**

CONTACT INFORMATION

Contact name: **CT LIEN SOLUTIONS**

Street #1: **P.O. BOX 29071**

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Notification Method: **E-MAIL** Email: **SOSACK@UCCDIRECT.COM**

DEBTOR INFORMATION

Org. Name: **PASTER & HARPOOTIAN LTD**

Mailing Address1: **1000 CHAPEL VIEW BOULEVARD SUITE 220**

City: **CRANSTON** State: **RI** ZIP: **02920** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **BANK RHODE ISLAND**

Mailing Address1: **1440 HARTFORD AVENUE**

City: **JOHNSTON** State: **RI** ZIP: **02919** Country: **USA**

TRANSACTION TYPE: STANDARD

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