

UCC-3 Form - Continuation

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FILER INFORMATION

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CONTACT INFORMATION

Contact name: **CT LIEN SOLUTIONS**

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DEBTOR INFORMATION

Org. Name: **PROVIDENCE BUILDING, SANITARY, AND EDUCATIONAL ASSOCIATION**

Mailing Address1: **207 CRANSTON STREET**

City: **PROVIDENCE** State: **RI** ZIP: **02907** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **RED MORTGAGE CAPITAL, LLC**

Mailing Address1: **TWO MIRANOVA PLACE**

City: **COLUMBUS** State: **OH** ZIP: **43215** Country: **USA**

Org. Name: **SECRETARY OF HOUSING AND URBAN DEVELOPMENT**

Mailing Address1: **121 SOUTH MAIN STREET, SUITE 300**

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

TRANSACTION TYPE: STANDARD

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