

UCC-3 Form - Continuation

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FILER INFORMATION

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

CONTACT INFORMATION

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

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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: **NORTHERN RHODE ISLAND CHAMBER OF COMMERCE**

Org. Type: **NON PROFIT CORPORATION** Jurisdiction: **RI** Org. ID: **000065160**

Mailing Address1: **6 BLACKSTONE VALLEY PLACE, SUITE 402**

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

SECURED PARTY INFORMATION

Org. Name: **FREEDOM NATIONAL BANK**

Mailing Address1: **584 PUTNAM PIKE**

Mailing Address2: **P.O. BOX 275**

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

TRANSACTION TYPE: **STANDARD**

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