UCC-3 Form - Continuation

Original File Number: **201211348440** *Original File Date:* **6/27/2012 8:34:00 AM**

FILER INFORMATION

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

CONTACT INFORMATION

Contact name: **CT LIEN SOLUTIONS**
Street #1: **P.O. BOX 29071**
Street #2: **ORDER:57208240**
City: **GLENDALE** *State:* **CA** *ZIP:* **91209-9071** *Country:* **USA**
Notification Method: **E-MAIL** *Email:* **SOSACK@UCCDIRECT.COM**

DEBTOR INFORMATION

Org. Name: **D'AMICO-BURCHFIELD, LLP**
Org. Type: **LLP** *Jurisdiction:* **RI** *Org. ID:* **000745744**
Mailing Address1: **536 ATWELLS AVENUE**
City: **PROVIDENCE** *State:* **RI** *ZIP:* **02909** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **BANK RHODE ISLAND**
Mailing Address1: **ONE TURKS HEAD PLACE**
City: **PROVIDENCE** *State:* **RI** *ZIP:* **02903** *Country:* **USA**

TRANSACTION TYPE: **STANDARD**
COLLATERAL IS / ADMINISTERED BY:
ALTERNATIVE DESIGNATION: