

UCC-3 Form - Amendment

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CONTACT INFORMATION

Contact name: **SAVINGS INSTITUTE BANK & TRUST COMPANY**
Street #1: **803 MAIN STREET**
City: **WILLIMANTIC** State: **CT** ZIP: **06226** Country: **USA**
Notification Method: **E-MAIL** Email: **SUSAN_GRIMES@BANKSI.COM**

DEBTOR INFORMATION

Org. Name: **ALWOODLEY REALTY, LLC**
Mailing Address1: **315 STONE RIDGE DRIVE**
City: **EAST GREENWICH** State: **RI** ZIP: **02818** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **SAVINGS INSTITUTE BANK & TRUST COMPANY**
Mailing Address1: **803 MAIN STREET**
City: **WILLIMANTIC** State: **CT** ZIP: **06226** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: