

UCC-3 Form - Continuation

Original File Number: **201210885810** Original File Date: **2/21/2012 1:11:00 PM**

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: **NEWPORT FEDERAL SAVINGS BANK**
Mailing Address1: **100 BELLEVUE AVENUE, P.O. BOX 210**
City: **NEWPORT** State: **RI** ZIP: **02840** Country: **USA**

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: