

UCC-3 Form - Continuation

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FILER INFORMATION

Full name: **MARCIA MARTIN** Phone: **401-845-8736**

CONTACT INFORMATION

Contact name: **BANKNEWPORT**

Street #1: **184 JOHN CLARKE ROAD**

City: **MIDDLETOWN** State: **RI** ZIP: **02842** Country: **USA**

Notification Method: **E-MAIL** Email: **MARCIA.MARTIN@BANKNEWPORT.COM**

DEBTOR INFORMATION

Org. Name: **SYSTEMS RESOURCE MANAGEMENT, INC**

Org. Type: **CORP** Jurisdiction: **RI** Org. ID: **000015955**

Mailing Address1: **42 VALLEY ROAD**

City: **MIDDLETOWN** State: **RI** ZIP: **02842** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **BANKNEWPORT**

Mailing Address1: **500 WEST MAIN ROAD**

City: **MIDDLETOWN** State: **RI** ZIP: **02842** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: