

UCC-3 Form - Amendment

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CONTACT INFORMATION

Contact name: **SAVINGS INSTITUTE BANK & TRUST COMPANY**

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City: **WILLIMANTIC** State: **CT** ZIP: **06226** Country: **USA**

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DEBTOR INFORMATION

Org. Name: **GREENWICH BAY DEVELOPMENT GROUP II, LLC**

Mailing Address1: **138 ATWELLS AVENUE**

City: **PROVIDENCE** State: **RI** ZIP: **02903** 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

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