

UCC-3 Form - Continuation

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CONTACT INFORMATION

Contact name: **SAVINGS INSTITUTE BANK & TRUST COMPANY**
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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: **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**
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TRANSACTION TYPE: STANDARD

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