

UCC-3 Form - CONTINUATION

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FILER INFORMATION

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SEND ACKNOWLEDGEMENT TO

Contact name: **COASTWAY COMMUNITY BANK**

Mailing Address: **ONE COASTWAY BLVD**

City, State Zip Country: **WARWICK, RI 02886 USA**

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: COASTWAY COMMUNITY BANK
