

# UCC-3 Form - CONTINUATION

*Original File Number:* **201313251990**

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## **FILER INFORMATION**

*Full name:*

*Email Contact at Filer:* **JOANN.FERRIS@BANKNEWPORT.COM**

## **SEND ACKNOWLEDGEMENT TO**

*Contact name:* **BANKNEWPORT**

*Mailing Address:* **PO Box 450**

*City, State Zip Country:* **NEWPORT, RI 02840 USA**

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**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: BANKNEWPORT**

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**CUSTOMER REFERENCE: TURANO/SMALL AXE**

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