

UCC-1 Form

FILER INFORMATION

Full name: **MICHELE WAREHAM**

Email Contact at Filer: **MWAREHAM@CENTREVILLEBANK.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CENTREVILLE BANK**

Mailing Address: **1218 MAIN ST**

City, State Zip Country: **WEST WARWICK, RI 02893 USA**

DEBTOR INFORMATION

Org. Name: **NARRAGANSETT GUN CLUB**

Mailing Address: **1551 CENTERVILLE ROAD**

City, State Zip Country: **WARWICK, RI 02893 USA**

SECURED PARTY INFORMATION

Org. Name: **CENTREVILLE BANK**

Mailing Address: **1218 MAIN STREET**

City, State Zip Country: **W WARWICK, RI 02893 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

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