

# UCC-3 Form - CONTINUATION

*Original File Number:* **201616463900**

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## **FILER INFORMATION**

*Full name:* **PAM RICCI**

*Email Contact at Filer:* **RICCI@REVOLVINGFUND.ORG**

## **SEND ACKNOWLEDGEMENT TO**

*Contact name:* **PROVIDENCE REVOLVING FUND**

*Mailing Address:* **372 WEST FOUNTAIN STREET**

*City, State Zip Country:* **PROVIDENCE, RI 02903 USA**

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**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: PROVIDENCE REVOLVING FUND**

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**CUSTOMER REFERENCE: 201616463900**

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