RI SOS Filing Number: 202124319460 Date: 3/8/2021 8:48:00 AM

UCC-3 Form - CONTINUATION

Original File Number: **201616263870**

FILER INFORMATION

Full name:

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SEND ACKNOWLEDGEMENT TO

Contact name: Greenwood Credit Union

Mailing Address: 2669 Post Road

City, State Zip Country: WARWICK, RI 02886 USA

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: GREENWOOD CREDIT UNION

CUSTOMER REFERENCE: 201616263870