

UCC-3 Form - AMENDMENT

AMENDMENT ACTION - DEBTOR CHANGE

Original File Number: 201922015350

FILER INFORMATION

Full name: **CRYSTAL OLIVEIRA**

Email Contact at Filer: **COLIVEIRA@HARBORONE.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **HARBORONE BANK**

Mailing Address: **HARBORONE BANK**

City, State Zip Country: **BROCKTON, MA 02301 USA**

CURRENT RECORD INFORMATION

Org. Name: **HARBORONE BANK**

DEBTOR INFORMATION

Org. Name: **PROVIDENCE AFTER SCHOOL ALLIANCE INC**

Mailing Address: **81 CARPENTER STREET**

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

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: **HARBORONE BANK**

CUSTOMER REFERENCE: **PROVIDENCE AFTER SCHOOL ALLIANCE INC 14619300081040**
