UCC-3 Form - AMENDMENT

AMENDMENT ACTION - SECURED PARTY CHANGE

Original File Number: **201922015350**

FILER INFORMATION

Full name: **CRYSTAL OLIVEIRA**

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SEND ACKNOWLEDGEMENT TO

Contact name: **HARBORONE BANK**

Mailing Address: **HARBORONE BANK**

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

CURRENT RECORD INFORMATION

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

SECURED PARTY INFORMATION

Org. Name: **HARBORONE BANK**

Mailing Address: **770 OAK STREET**

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

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

CUSTOMER REFERENCE: PROVIDENCE AFTER SCHOOL ALLIANCE INC 14619300081040