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UCC-1 Form

FILER INFORMATION

Full name: CORPORATION SERVICE COMPANY

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Contact name: Corporation Service Company

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DEBTOR INFORMATION

Org. Name: PODMASKA INSURANCE AGENCY, INC.

Mailing Address: 1309 CHALKSTONE AVENUE

City, State Zip Country: PROVIDENCE, RI 02908 USA

SECURED PARTY INFORMATION

Org. Name: CITIZENS BANK, N.A

Mailing Address: ONE CITIZENS PLAZA

City, State Zip Country: PROVIDENCE, RI 02903 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: OPTIONAL FILER REFERENCE 2233 63263

COLLATERAL

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