

# UCC-3 Form - TERMINATION

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## **FILER INFORMATION**

*Full name:*

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## **SEND ACKNOWLEDGEMENT TO**

*Contact name:* **BANK RHODE ISLAND, C/O RUSSEL W. HAHN, SR. VICE-PRESIDENT**

*Mailing Address:* **ONE TURKS PLACE, 15TH FLOOR**

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

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**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: BANK RHODE ISLAND**

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