

# UCC-3 Form - CONTINUATION

*Original File Number:* **201312202560**

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## **FILER INFORMATION**

*Full name:* **JOANN FERRIS**

*Email Contact at Filer:* **JOANN.FERRIS@BANKNEWPORT.COM**

## **SEND ACKNOWLEDGEMENT TO**

*Contact name:* **BANKNEWPORT**

*Mailing Address:* **184 JOHN CLARKE ROAD**

*City, State Zip Country:* **MIDDLETOWN, RI 02842 USA**

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**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: BANKNEWPORT**

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**CUSTOMER REFERENCE: SAKONNET EYE CARE INC.**

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