

# UCC-3 Form - TERMINATION

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## **FILER INFORMATION**

*Full name:*

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## **SEND ACKNOWLEDGEMENT TO**

*Contact name:* **SILVA THOMAS MARTLAND & OFFENBERG**

*Mailing Address:* **1100 AQUIDNECK AVE**

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

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**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: HARBORONE BANK F/K/A  
COASTWAY COMMUNITY BANK**

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