

# UCC-3 Form - TERMINATION

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## **FILER INFORMATION**

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## **SEND ACKNOWLEDGEMENT TO**

*Contact name:* **BANKNEWPORT**

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*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: SOCIETY OF ST. VINCENT DE PAUL (SVDP) RHODE ISLAND**

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