

# UCC-3 Form - TERMINATION

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## **FILER INFORMATION**

*Full name:* **JAMES A. IACOI, ES Q.**

*Email Contact at Filer:* **LINDA@IACOI-LAW.COM**

## **SEND ACKNOWLEDGEMENT TO**

*Contact name:* **IACOI & IACOI ATTORNEYS & COUNSELORS AT LAW, PC**

*Mailing Address:* **171 BROADWAY**

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

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**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: BRISTOL COUNTY SAVINGS BANK**

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**CUSTOMER REFERENCE: 2023-1078**

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