

# UCC-3 Form - TERMINATION

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**FILER INFORMATION**

*Full name:* **ROBERT CAGNETTA**

*Email Contact at Filer:* **ROB@HERITAGERESTORATION.NET**

**SEND ACKNOWLEDGEMENT TO**

*Contact name:* **HERITAGE RESTORATION, INC**

*Mailing Address:* **8 ROBIN STREET**

*City, State Zip Country:* **PROVIDENCE, RI 02908 USA**

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**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: HERITAGE RESTORATION, INC.**

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