

# UCC-3 Form - TERMINATION

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## **FILER INFORMATION**

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## **SEND ACKNOWLEDGEMENT TO**

*Contact name:* **MCLAUGHLINQUINN LLC**

*Mailing Address:* **148 WEST RIVER STREET**

*City, State Zip Country:* **PROVIDENCE, RI 02904 USA**

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**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: BANK RHODE ISLAND**

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