UCC-3 Form - CONTINUATION

Original File Number: **201921504990**

FILER INFORMATION

Full name: **RYAN CONDON**

Email Contact at Filer: **CMLSERVICING@CENTREVILLEBANK.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CENTREVILLE BANK**

Mailing Address: **1218 MAIN STREET**

City, State Zip Country: **WEST WARWICK, RI 02893 USA**

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: CENTREVILLE BANK

CUSTOMER REFERENCE: SEVEN STAR INC