

# UCC-3 Form - CONTINUATION

*Original File Number:* **201922015350**

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## FILER INFORMATION

*Full name:* **JEFF WRIGHT**

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## SEND ACKNOWLEDGEMENT TO

*Contact name:* **PROVIDENCE AFTER SCHOLL ALLIANCE INC**

*Mailing Address:* **81 CARPENTER STREET**

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

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**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: HARBORONE BANK**

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**CUSTOMER REFERENCE: 14619300081040**

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