

UCC-3 Form - CONTINUATION

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FILER INFORMATION

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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: **RIVERFRONT CAPITAL- CONTINUATION**
