

UCC-1 Form

FILER INFORMATION

Full name: **JOSEPH T. NOTTIE III**

Email Contact at Filer: **CHERYL@NOTTIELAW.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **LAW OFFICE OF JOSEPH T. NOTTIE III INC.**

Mailing Address: **77 ROLFE SQUARE**

City, State Zip Country: **CRANSTON, RI 02910 USA**

DEBTOR INFORMATION

Org. Name: **THE WOMEN'S RESOURCE CENTER OF NEWPORT & BRISTOL COUNTIES**

Mailing Address: **ONE YORK STREET**

City, State Zip Country: **NEWPORT, RI 02840 USA**

SECURED PARTY INFORMATION

Org. Name: **BANKNEWPORT**

Mailing Address: **184 JOHN CLARKE ROAD**

City, State Zip Country: **MIDDLETOWN, RI 02842 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

ALL BUSINESS ASSETS