

# UCC-3 Form - CONTINUATION

*Original File Number:* **202022548700**

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## FILER INFORMATION

*Full name:* **JEFF WRIGHT**

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## SEND ACKNOWLEDGEMENT TO

*Contact name:* **MILLENNIUM SWIM SYSTEMS, INC.**

*Mailing Address:* **1140 CHARLES STREET**

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

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

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**CUSTOMER REFERENCE: 3561502414**

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