JCC FINANCIN						
A. NAME & PHONE OF	CONTACT AT FIL	ER [optional]				
3. SEND ACKNOWLED	GMENT TO: (Na	me and Address)				
_						
LOUI	S P MASSA		1) 			
	NEWPORT					
	WEST MAIN					
MIDD	LETOWN RI	02842				
DEBTOR'S EXACT	FULL LEGAL NAM	E - insert only one debtor name /1a	or 1b) - do not abbreviate or combine names	E SPACE IS FO	OR FILING OFFICE U	SE ONLY
1a. ORGANIZATION'S	NAME	<u> </u>	or (b) Go not appreviate or combine names			
J. Francis	Flumbing	& Heating, Inc.				
J. Franci:	Flumbing	& Heating, Inc.	FIRST NAME	MIDDLE	NAME	SUFFIX
16. INDIVIDUAL'S LAS	Flumbing	& Heating, Inc.	FIRST NAME	MIDDLE	NAME POSTAL CODE	SUFFIX
. MAILING ADDRESS 6 Kevin Co	NAME		CITY Bristol			
. MAILING ADDRESS 6 Kevin Co	Plumbing NAME Purt ADDINFORE ORGANIZATION	1e. TYPE OF ORGANIZATION	CITY Bristol 11. JURISDICTION OF ORGANIZATION	STATE RI	POSTAL CODE 02809 ANIZATIONAL ID #, if any	COUNTR
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5. ALTERNATIVE DESIGNATION [if applicable] LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER 6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL 17, Check to REQUEST SEARCH REPORT(S) on Debtor(s)	AG. LIEN	NON-UCC FILING
I ESTATE RECORDS Attach Addendum [if applicable] [ADDITIONAL FEE] [optional]	All Debtors	Debtor 1 Debtor 2
3. OPTIONAL FILER REFERENCE DATA		