

UCC-1 Form

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FILER INFORMATION

Full name: **DEAN KORAVOS** Phone: **978-392-5944**

CONTACT INFORMATION

Contact name: **DEAN KORAVOS**

Street #1: **P.O. BOX 1553**

Street #2: **5 APPIAN WAY**

City: **WESTFORD** State: **MA** ZIP: **01886** Country: **USA**

Notification Method: **E-Mail** Email: **dkacs@aol.com**

DEBTOR INFORMATION

Org. Name: **CITIZENS BANK OF RHODE ISLAND**

Org. Type: **BANK** Jurisdiction: **RI** Org. ID: **000040481**

Mailing Address1: **1 CITIZENS DRIVE**

City: **RIVERSIDE** State: **RI** ZIP: **02915** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **ADVANCED COMPUTER SERVICES, INC.**

Mailing Address1: **P.O. BOX 1553**

Mailing Address2: **5 APPIAN WAY**

City: **WESTFORD** State: **MA** ZIP: **01886** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

All of the equipment, software, & other personal property and all modifications and additions thereto and replacements and substitutions therefore, in whole or in part, as more fully described in the lease schedule attached hereto and made a part thereof.