

UCC-1 Form

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FILER INFORMATION

Full name: **PORT EDGEWOOD** Phone: **941-2000**

CONTACT INFORMATION

Contact name: **KERRI MARTIN**

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DEBTOR INFORMATION

Last Name: **ACCIARDO** First: **ERNEST** Middle: **C**

Mailing Address1: **7 DIPONTE DR**

City: **JOHNSTON** State: **RI** ZIP: **02919** Country: **USA**

SECURED PARTY INFORMATION

Last Name: **ACCIARDO** First: **ERNEST** Middle: **C**

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City: **JOHNSTON** State: **RI** ZIP: **02919** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

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