# UCC-1 Form

## FILER INFORMATION

*Full name:* **JEFF CAFFREY** *Phone:* **401-738-4500**

## CONTACT INFORMATION

*Contact name:* **RESNICK AND CAFFREY**
*Street #1:* **SUMMIT WEST, STE. 300**
*Street #2:* **300 CENTERVILLE RD.**
*City:* **WARWICK** *State:* **RI** *ZIP:* **02886** *Country:* **USA**
*Notification Method:* **E-MAIL** *Email:* **JCAFFREY@RESNICKANDCAFFREY.COM**

## DEBTOR INFORMATION

*Last Name:* **PESCE** *First:* **DAVID**
*Mailing Address1:* **14 HIGHVIEW AVENUE**
*City:* **SMITHFIELD** *State:* **RI** *ZIP:* **02917** *Country:* **USA**

*Org. Name:* **888 REALTY, LLC**
*Mailing Address1:* **PO BOX 6623**
*City:* **PROVIDENCE** *State:* **RI** *ZIP:* **02903** *Country:* **USA**

## SECURED PARTY INFORMATION

*Org. Name:* **BANK RHODE ISLAND**
*Mailing Address1:* **ONE TURKS HEAD PLACE**
*City:* **PROVDIENCE** *State:* **RI** *ZIP:* **02903** *Country:* **USA**

**TRANSACTION TYPE:** **STANDARD**
**COLLATERAL IS / ADMINISTERED BY:**
**ALTERNATIVE DESIGNATION:**

## COLLATERAL

All of the Debtors' right, title and interest in and to the assets, equipment, fixtures, permits, licenses, approvals and personal property owned by or utilized in connection with property owned by the Debtor and located at 886, 900 and 912 Charles Street, North Providence, Rhode Island.