

UCC-1 Form

FILER INFORMATION

Full name: COLLEEN FERREIRA, PARALEGAL Phone: 508-675-7770

CONTACT INFORMATION

Contact name: SAULINO AND SILVIA, P.C.
Street #1: 550 LOCUST STREET
City: FALL RIVER State: MA ZIP: 02720 Country: USA
Notification Method: E-MAIL Email: CFERREIRA@SAULINOANDSILVIA.COM

DEBTOR INFORMATION

Org. Name: F & Z, LLC
Mailing Address1: 1567 PLAINVILLE PIKE
City: JOHNSTON State: RI ZIP: 02919 Country: USA

SECURED PARTY INFORMATION

Org. Name: FALL RIVER FIVE CENTS SAVINGS BANK
Mailing Address1: 79 NORTH MAIN STREET
City: FALL RIVER State: MA ZIP: 02720 Country: USA

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

COLLATERAL

All Inventory, Chattel Paper, Accounts, Equipment, Fixtures and General Intangibles; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing.