

UCC-1 Form

FILER INFORMATION

Full name: CT LIEN SOLUTIONS *Phone:* (800)331-3282

CONTACT INFORMATION

Contact name: CT LIEN SOLUTIONS

Street #1: P.O. BOX 29071

Street #2: ORDER:54144720

City: GLENDALE *State:* CA *ZIP:* 91209-9071 *Country:* USA

Notification Method: E-MAIL *Email:* SOSACK@UCCDIRECT.COM

DEBTOR INFORMATION

Org. Name: SOUTHSIDE GATEWAYS/500 BROAD STREET, LLC

Mailing Address1: 439 PINE STREET

City: PROVIDENCE *State:* RI *ZIP:* 02907 *Country:* USA

SECURED PARTY INFORMATION

Org. Name: BANK RHODE ISLAND

Mailing Address1: ONE TURKS HEAD PLACE

City: PROVIDENCE *State:* RI *ZIP:* 02903 *Country:* USA

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

COLLATERAL

EQUIPMENT: All of Debtor's presently owned and hereafter acquired machinery and equipment (excluding automotive equipment), furniture, fixtures, and all other tangible personal property of whatever kind or nature, together with all products thereof, and all substitutions, replacements, additions and accessions therefor or thereto, and all cash or non cash proceeds of all the foregoing, including insurance proceeds (all of which is sometimes hereinafter referred to as "Equipment") located at Units C1, C3, C4A, C4B, C5B -- 500 Broad Street Condominium, Providence Rhode Island. The record owner of the real estate on which the Equipment is located is SouthSide Gateways/500 Broad Street, LLC.