

UCC-1 Form

FILER INFORMATION

Full name: **RICHARD F. HENTZ, ESQ.** Phone: **4019417500**

CONTACT INFORMATION

Contact name: **MCGUNAGLE HENTZ, PC**

Street #1: **2088 BROAD STREET**

City: **CRANSTON** State: **RI** ZIP: **02905** Country: **USA**

Notification Method: **E-MAIL** Email: **DJONES@MHLAWPC.COM**

DEBTOR INFORMATION

Org. Name: **CASA MEXICO LLC**

Mailing Address1: **800-802 ATWELLS AVENUE**

City: **PROVIDENCE** State: **RI** ZIP: **02909** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **COMMUNITY INVESTMENT CORPORATION**

Mailing Address1: **2315 WHITNEY AVENUE**

Mailing Address2: **SUITE 2B**

City: **HAMDEN** State: **CT** ZIP: **06518** Country: **USA**

ASSIGNEE INFORMATION

Org. Name: **UNITED STATES SMALL BUSINESS ADMINISTRATION**

Mailing Address1: **380 WESTMINSTER STREET**

Mailing Address2: **ROOM 511**

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

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