

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **CHERYL A. FALLON**

*Email Contact at Filer:* **CFALLON@BRCSM.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **BRENNAN, RECUPERO, CASCIONE, SCUNGIO & MCALLISTER, LLP**

*Mailing Address:* **362 BROADWAY**

*City, State Zip Country:* **PROVIDENCE, RI 02909 USA**

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## DEBTOR INFORMATION

*Org. Name:* **ITALO-AMERICAN CLUB OF RHODE ISLAND**

*Mailing Address:* **477 BROADWAY**

*City, State Zip Country:* **PROVIDENCE, RI 02909 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **NAVIGANT CREDIT UNION**

*Mailing Address:* **1005 DOUGLAS PIKE, ATTN: MEMBER BUSINESS LENDING**

*City, State Zip Country:* **SMITHFIELD, RI 02917 USA**

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## TRANSACTION TYPE: STANDARD

## CUSTOMER REFERENCE: 17-0264

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## COLLATERAL

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