

UCC-1 Form

FILER INFORMATION

Full name:

Email Contact at Filer: CBAGLIONI@WDGLAW.COM

SEND ACKNOWLEDGEMENT TO

Contact name: CHRISTINE L. BAGLIONI, ESQ. @ WIECK DeLUCA & GEMMA, INC.

Mailing Address: 56 PINE STREET, SUITE 700

City, State Zip Country: PROVIDENCE, RI 02903 USA

DEBTOR INFORMATION

Org. Name: MARINER PROPERTIES, LLC

Mailing Address: 140 POINT JUDITH ROAD, UNIT A7

City, State Zip Country: NARRAGANSETT, RI 02882 USA

SECURED PARTY INFORMATION

Org. Name: BANK RHODE ISLAND

Mailing Address: ONE TURKS HEAD PLACE, 15TH FLOOR

City, State Zip Country: PROVIDENCE, RI 02903 USA

TRANSACTION TYPE: STANDARD

COLLATERAL

SEE ATTACHED.

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Christine L. Baglioni, Esq
B. E-MAIL CONTACT AT FILER (optional) cbaglioni@wdglaw.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Wieck DeLuca & Gemma, Inc. 56 Pine Street Suite 700 Providence, Rhode Island 02903

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME MARINER PROPERTIES, LLC.				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 140 Point Judith Road, Unit A7		CITY Narragansett	STATE RI	POSTAL CODE 02882
			COUNTRY us	

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
			COUNTRY	

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME Bank Rhode Island				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS One Turks Head Place, 15th Floor		CITY Providence	STATE RI	POSTAL CODE 02903
			COUNTRY US	

4. COLLATERAL: This financing statement covers the following collateral:

All assets owned by Debtor and used or useable in connection with the real property and improvements located at 140 Point Judith Road, Narragansett, Rhode Island 02882, Units A8, A9 and A10, Mariner Square Condominium.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor Is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignor/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

RI SOS