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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.

NAME & PHONE OF CONTACT AT FILER (optional) Christine L. Baglioni, Esq E-MAIL CONTACT AT FILER (optional) cbaglioni@wdglaw.com 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 ON DEBTOR'S NAME: Provide only one Debtor name (1s 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 information in Item 10 of the Financing Statement Addendum (Form UCC 19. ORGANIZATION'S NAME MARINER PROPERTIES, LLC. 10. INDIVIDUAL'S SURNAME MARINER PROPERTIES, LLC. To. INDIVIDUAL'S SURNAME MARINER PROPERTIES, LLC. CITY STATE O2882 DEBTOR'S NAME: Provide only one Debtor name (2s 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 information in Item 10 of the Financing Statement Addendum (Form UCC 25. ORGANIZATION'S NAME POSTAL CODE quantity of the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC 19. ORGANIZATION'S NAME POSTAL CODE quantity of the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC 19. ORGANIZATION'S NAME POSTAL CODE 19. ORGANIZATION'S NA	RUCTIONS IONE OF CONTACT AT FILER (optional) te L. Baglioni, Esq NTACT AT FILER (optional) ti@wdglaw.com NOWLEDGMENT TO: (Name and Address) to DeLuca & Gemma, Inc. te Street 700 dence, Rhode Island 02903 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY NAME: Provide only gag Debtor name (1s or 1tb) (use exact, full name; do not onlit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor Information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) ZIZITIONS NAME NER PROPERTIES, LLC. UAU'S SURNAME FIRST PERSONAL NAME ORESS CITY Narragansett TITY Narragansett NAME: Provide only gag Debtor name (2s or 2b) (use exact, full name; do not onlit, modify, or abbreviate any part of the Debtor's name); if any part of Ite Individual Debtor Information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) ZIZITION'S NAME FIRST PERSONAL NAME ORESS CITY Narragansett FIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(SyliNITIAL(S) US STATE POSTAL CODE COUNTRY US LIZITION'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(SyliNITIAL(S) SUFFIX DIRESS CITY STATE POSTAL CODE COUNTRY DIREST STATE POSTAL CODE COUNTRY DIRECT STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTR	E-MAIL CONTACT AT FILER (eptional) cbaglioni@wdglaw.com 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 DEBTOR'S NAME: Provide only gag Debtor name (1a or 1b) (use exact, full name; do not ornit, modity, or abbreviate any part of the Debtor's name); if any part of the Individual De name will not if it 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) 10. ORGANIZATION'S NAME MARINER PROPERTIES, LLC. 10. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SVINITIAL(S) SUFFIX 10. 2882 US DEBTOR'S NAME: Provide only gag Debtor name (2a or 2b) (use exact, full name; do not ornit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor Information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME BETOR'S NAME: Provide only gag Debtor name (2a or 2b) (use exact, full name; do not ornit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor Information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(SVINITIAL(S) SUFFIX	68888					
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NAME & PHONE OF CONTACT AT FILER (optional) Christine L. Baglioni, Esq E-MAIL CONTACT AT FILER (optional) cbaglioni@wdglaw.com 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 ON DEBTOR'S NAME: Provide only one Debtor name (1s 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 information in Item 10 of the Financing Statement Addendum (Form UCC 19. ORGANIZATION'S NAME MARINER PROPERTIES, LLC. 10. INDIVIDUAL'S SURNAME MARINER PROPERTIES, LLC. To. INDIVIDUAL'S SURNAME MARINER PROPERTIES, LLC. CITY STATE O2882 DEBTOR'S NAME: Provide only one Debtor name (2s 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 information in Item 10 of the Financing Statement Addendum (Form UCC 25. ORGANIZATION'S NAME POSTAL CODE quantity of the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC 19. ORGANIZATION'S NAME POSTAL CODE quantity of the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC 19. ORGANIZATION'S NAME POSTAL CODE 19. ORGANIZATION'S NA	RUCTIONS IONE OF CONTACT AT FILER (optional) te L. Baglioni, Esq NTACT AT FILER (optional) ti@wdglaw.com NOWLEDGMENT TO: (Name and Address) to DeLuca & Gemma, Inc. te Street 700 dence, Rhode Island 02903 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY S NAME: Provide only gag Debtor name (1a or 1b) (use exact, full name; do not onli, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) IZATION'S NAME NER PROPERTIES, LLC. UAU'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S/INITIAL(S) SUFFIX TATE POSTAL CODE COUNTRY RI 02882 US S NAME: Provide only gag Debtor name (2a or 2b) (use exact, full name; do not onli, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) IZATION'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S/INITIAL(S) US S NAME: Provide only gag Debtor name (2a or 2b) (use exact, full name; do not onli, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) IZATION'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S/INITIAL(S) SUFFIX DORESS CITY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY DEPARTY'S NAME (or NAME (or NAME of ASSIGNOR SECURED PARTY): Provide only gag Secured Party name (3a or 3b)	NAME & PHONE OF CONTACT AT FILER (optional) Christine L. Baglioni, Esq E-MAIL CONTACT AT FILER (optional) Chaglioni@wdglaw.com SEND ACKNOWLEDGMENT TO: (Name and Address) Wick DeLuca & Gemma, Inc. 56 Pine Street Suite 700 Providence, Rhode Island 02903 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 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 Information in Item 10 of the Financing Statement Addendum (Form UCCTAd) 10. ORGANIZATION'S NAME MARINER PROPERTIES, LLC. 110. INDIVIDUAL'S SURNAME MAILING ADDRESS 40 Point Judith Road, Unit A7 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;); from your of the Debtor's name; If any part of the Individual Debtor Information in Item 10 of the Financing Statement Addendum (Form UCCTAd) Narragansett ADDITIONAL NAME(SylINITIAL(S) SUFFIX US 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;); franty part of the Individual Debtor Information in Item 10 of the Financing Statement Addendum (Form UCCTAd) 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 Individual Debtor Information in Item 10 of the Financing Statement Addendum (Form UCCTAd) BESTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Individual Debtor Information in Item 10 of the Financing Statement Addendum (Form UCCTAd) BESTOR'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 Information in Item 10 of the Financing Statement Addendum (Form UCCTAd) BESTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exac	ıc	C FINANCING STATEMENT				
Christine L. Baglioni, Esq E-MAIL CONTACT AT FILER (optional) cbaglioni@wdglaw.com 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 ON 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 information in Item 10 of the Financing Statement Addendum (Form UCC 1a, ORGANIZATION'S NAME MARINER PROPERTIES, LLC. 1b. INDIVIDUAL'S SURNAME MAILING ADDRESS 40 Point Judith Road, Unit A7 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 information in Item 10 of the Financing Statement Addendum (Form UCC 1a). The post of the Debtor's 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 information in Item 10 of the Financing Statement Addendum (Form UCC 2a). ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) ADDITIONAL NAME(S)/INITIAL(S) POSTAL CODE ADDITIONAL NAME(S)/INITIAL(S) ADDITIONAL NAME(S)/INITIAL(S) ADDITIONAL NAME(S)/INITIAL(S)	INTACT AT FILER (optional) in@wdglaw.com NOWLEDGMENT TO: (Name and Address) & DeLuca & Gemma, Inc. its Street 700 dence, Rhode Island 02903 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY S NAME: Provide only gag Debtor name (1s or 1b) (use exact, full name; do not onlit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) IZATION'S NAME NER PROPERTIES, LLC. UAU'S SURNAME FIRST PERSONAL NAME ORESS S NAME: Provide only gag Debtor name (2s or 2b) (use exact, full name; do not onlit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor Information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) SUFFIX ORESS S NAME: Provide only gag Debtor name (2s or 2b) (use exact, full name; do not onlit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor Item 10 of the Financing Statement Addendum (Form UCC1Ad) IZATION'S NAME UAU'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX ORESS CITY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY DEPARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gag Secured Party name (3a or 3b) DEPARTY'S NAME Rhode Island	Christine L. Baglioni, Esq E-MAIL CONTACT AT FILER (optional) chaglioni@wdglaw.com SEND ACKNOWLEDGMENT TO: (Name and Address) Wick DeLuca & Gemma, Inc. 56 Pine Street Suite 700 Providence, Rhode Island 02903 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only one Debtor name (1 or or 1b) (use exact, full name; do not onl), modify, or abbreviate any part of the Debtor's name); if any part of the Individual Denter information in Item 10 of the Financing Statement Addendum (Form UCC) 1Ad) To ROBANIZATION'S NAME MARINER PROPERTIES, LLC. TO INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(SyliNITIAL(S) SUFFIX AND INDIVIDUAL'S SURNAME 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 Denter information in Item 10 of the Financing Statement Addendum (Form UCC) 1Ad) TO POINT Judith Road, Unit A7 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 Denter information in Item 10 of the Financing Statement Addendum (Form UCC) 1Ad) 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 Denter information in Item 10 of the Financing Statement Addendum (Form UCC) 1Ad) 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 Individual Denter information in Item 10 of the Financing Statement Addendum (Form UCC) 1Ad) 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 Individual Denter information in Item 10 of the Financing Statement Addendum (Form UCC) 1Ad) DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, mod						
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Wieck DeLuca & Gemma, Inc. 56 Pine Street Suite 700 Providence, Rhode Island 02903 THE ABOVE SPACE IS FOR FILING OFFICE USE ON DEBTOR'S NAME: Provide only 2012 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 information in Item 10 of the Financing Statement Addendum (Form UCC Ind. INDIVIDUAL'S SURNAME MARINER PROPERTIES, LLC. To. INDIVIDUAL'S SURNAME MAILING ADDRESS 40 Point Judith Road, Unit A7 DEBTOR'S NAME: Provide only 2012 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 information in Item 10 of the Financing Statement Addendum (Form UCC Internation It It 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 UCC Internation	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY NAME: Provide only gag 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 information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) PRESS CITY STATE POSTAL CODE COUNTRY NAME: Provide only gag 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 information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) DRESS CITY STATE POSTAL CODE COUNTRY It Judith Road, Unit A7 Narragansett STATE POSTAL CODE COUNTRY It in line 1b, leave all of Item 2 blank, check here and provide the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) DRESS CITY STATE POSTAL CODE COUNTRY IZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX DRESS CITY STATE POSTAL CODE COUNTRY DRATTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gag Secured Party name (3a or 3b) DRATTY'S NAME (or NAME of NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gag Secured Party name (3a or 3b)	Wieck DeLuca & Gemma, Inc. 56 Pine Street Suite 700 Providence, Rhode Island 02903 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only page Debtor name (1a or 1b) (use exact, full name; do not only, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor 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. 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFFIX 1c. CITY Narragansett DEBTOR'S NAME: Provide only page 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 information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME ADDITIONAL NAME(SYINITIAL(S) SUFFIX DEBTOR'S NAME: Provide only page 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 information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) 2b. ORGANIZATION'S NAME ADDITIONAL NAME(SYINITIAL(S) SUFFIX CITY STATE POSTAL CODE COUNTI SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gage Secured Perty name (3a or 3b) SECURED PARTY'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFFIX Bank Rhode Island 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFFIX CITY STATE POSTAL CODE COUNTI 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 Potal assets owned by Debtor and used or useable in connection with the real property and improvements located at 140 Potal Statement Addendum (Form UCC1Ad)			·			
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