

UCC-1 Form

FILER INFORMATION

Full name: **STEPHEN M RENEHAN**

Email Contact at Filer: **SRENEHAN@OSBDA.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **OCEAN STATE BUSINESS DEVELOPMENT AUTHORITY**

Mailing Address: **155 SOUTH MAIN ST, STE 403**

City, State Zip Country: **PROVIDENCE, RI 02903 USA**

DEBTOR INFORMATION

Org. Name: **GROGAN PROPERTIES, LLC**

Mailing Address: **2175 BROAD ST**

City, State Zip Country: **CRANSTON, RI 02905 USA**

SECURED PARTY INFORMATION

Org. Name: **OCEAN STATE BUSINESS DEVELOPMENT AUTHORITY**

Mailing Address: **155 SOUTH MAIN ST, STE 403**

City, State Zip Country: **PROVIDENCE, RI 02903 USA**

ASSIGNEE INFORMATION

Org. Name: **SMALL BUSINESS ADMINISTRATION**

Mailing Address: **380 WESTMINSTER MALL**

City, State Zip Country: **PROVIDENCE, RI 02903 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

2ND SECURITY INTEREST IN EQUIPMENT, FIXTURES, INVENTORY, ACCOUNTS, INSTRUMENTS, CHATTEL PAPER, GENERAL INTANGIBLES, EXCLUDING AUTOMOTIVE EQUIPMENT