

UCC-1 Form

FILER INFORMATION

Full name: **JOHN NICHOLAS CERCE**

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SEND ACKNOWLEDGEMENT TO

Contact name: **THE WAY MINISTRIES**

Mailing Address: **25 HURDIS STREET**

City, State Zip Country: **NORTH PROVIDENCE, RI 02904 USA**

DEBTOR INFORMATION

Org. Name: **THE WAY MINISTRIES**

Mailing Address: **25 HURDIS STREET**

City, State Zip Country: **NORTH PROVIDENCE, RI 02904 USA**

SECURED PARTY INFORMATION

Org. Name: **THE WAY MINISTRIES**

Mailing Address: **25 HURDIS STREET**

City, State Zip Country: **NORTH PROVIDENCE, RI 02904 USA**

TRANSACTION TYPE: MANUFACTURED HOME

COLLATERAL

THE WAY MINISTRIES