

UCC-1 Form

FILER INFORMATION

Full name: **CASSANDRA O'BRIEN**

Email Contact at Filer: **CMS@ACCARDOLAW.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **ACCARDO LAW OFFICES**

Mailing Address: **311 ANGELL STREET**

City, State Zip Country: **PROVIDENCE, RI 02906 USA**

DEBTOR INFORMATION

Last Name (i.e. Family Name or Surname): **NUAY** *First Name:* **ERSEL**

Mailing Address: **27 RAYMOND TATRO LANE**

City, State Zip Country: **NORTH ATTLEBORO, MA 02760 USA**

SECURED PARTY INFORMATION

Org. Name: **PAWTUCKET CREDIT UNION**

Mailing Address: **1200 CENTRAL AVENUE**

City, State Zip Country: **PAWTUCKET, RI 02861 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

SEE ATTACHED PDF.