

UCC-1 Form

FILER INFORMATION

Full name: **CHERYL A. FALLON**

Email Contact at Filer: **CFALLON@BRCSM.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **BRENNAN, RECUPERO, CASCIONE, SCUNGIO & McALLISTER, LLP**

Mailing Address: **362 BROADWAY**

City, State Zip Country: **PROVIDENCE, RI 02909 USA**

DEBTOR INFORMATION

Org. Name: **SHANNON MOTORS ACCEPTANCE CORPORATION, INC.**

Mailing Address: **648 KILLINGLY STREET**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

SECURED PARTY INFORMATION

Org. Name: **NAVIGANT CREDIT UNION**

Mailing Address: **1005 DOUGLAS PIKE, ATTN: MEMBER BUSINESS LENDING**

City, State Zip Country: **SMITHFIELD, RI 02917 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 17-0795

COLLATERAL

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