

UCC-1 Form

FILER INFORMATION

Full name: **LIZ SHEA**

Email Contact at Filer: **ESHEA@MYMUTUALBANK.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **MUTUAL BANK**

Mailing Address: **570 WASHINGTON STREET**

City, State Zip Country: **WHITMAN, MA 02382 USA**

DEBTOR INFORMATION

Org. Name: **BLUE FIN CAPITAL, INC.**

Mailing Address: **10 WEYBOSSET STREET, SUITE 302B**

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

SECURED PARTY INFORMATION

Org. Name: **MUTUAL BANK**

Mailing Address: **570 WASHINGTON STREET**

City, State Zip Country: **WHITMAN, MA 02382 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

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