

UCC-1 Form

FILER INFORMATION

Full name: **CRYSTAL OLIVEIRA**

Email Contact at Filer: **COLIVEIRA@COASTWAY.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **COASTWAY COMMUNITY BANK**

Mailing Address: **ONE COASTWAY BLVD**

City, State Zip Country: **WARWICK, RI 02886 USA**

DEBTOR INFORMATION

Org. Name: **MALO RECCHIA & COMPANY, INC**

Mailing Address: **495 POST ROAD**

City, State Zip Country: **WARWICK, RI 02888 USA**

SECURED PARTY INFORMATION

Org. Name: **COASTWAY COMMUNITY BANK**

Mailing Address: **ONE COASTWAY BLVD**

City, State Zip Country: **WARWICK, RI 02886 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 123986-8 CONT FILLING# 201211391770

COLLATERAL

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