

UCC-1 Form

FILER INFORMATION

Full name: **RALPH B. GILLIS**

Email Contact at Filer: **MLANCELOTTI@RCFP.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **ROBERTS, CARROLL, FELDSTEIN & PEIRCE**

Mailing Address: **10 WEYBOSSET ST., SUITE 800**

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

DEBTOR INFORMATION

Org. Name: **M & A REALTY, INC.**

Mailing Address: **49 HURDIS STREET**

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

SECURED PARTY INFORMATION

Org. Name: **PAWTUCKET CREDIT UNION**

Mailing Address: **1200 CENTRAL AVENUE**

City, State Zip Country: **PAWTUCKET, RI 02861-2200 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: OUR FILE NO. 5073-22 RHODE ISLAND SECRETARY OF STATE

COLLATERAL

SEE ATTACHED EXHIBIT A.