UCC-1 Form

FILER INFORMATION

Full name: **THOMAS J. PERCY**

Email Contact at Filer: **DROGERS@PERCYLAWGROUP.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **ST. ANNE'S CREDIT UNION OF FALL RIVER, MASS.**

Mailing Address: **286 OLIVER STREET**

City, State Zip Country: **FALL RIVER, MA 02724 USA**

DEBTOR INFORMATION

Org. Name: **NORTH MAIN STREET LLC**

Mailing Address: **72 FALL RIVER AVENUE**

City, State Zip Country: **REHOBOTH, MA 02769 USA**

SECURED PARTY INFORMATION

Org. Name: **ST. ANNE'S CREDIT UNION OF FALL RIVER, MASS.**

Mailing Address: **286 OLIVER ST**

City, State Zip Country: **FALL RIVER, MA 02724 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 12-784A

COLLATERAL

ALL FIXTURE FILING ON PROPERTY LOCATED AT 747, 749 AND 759 NORTH MAIN STREET, PROVIDENCE RI AND 14 JENKINS STREET, PROVIDENCE, RI