

UCC-1 Form

FILER INFORMATION

Full name: **LIZ SHEA**

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

SEND ACKNOWLEDGEMENT TO

Contact name: **NORTH EASTON SAVINGS BANK**

Mailing Address: **342 BEDFORD STREET**

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

DEBTOR INFORMATION

Org. Name: **VOULA ENTERPRISES, LLC**

Mailing Address: **201 SMITH STREET**

City, State Zip Country: **PROVIDENCE, RI 02375 USA**

SECURED PARTY INFORMATION

Org. Name: **NORTH EASTON SAVINGS BANK**

Mailing Address: **20 EASTMAN STREET**

City, State Zip Country: **SOUTH EASTON, MA 02375 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

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