

UCC-1 Form

FILER INFORMATION

Full name: **BLUEWAVEFILINGS@LEASEDIMENSIONS.COM**

Email Contact at Filer: **ECAPUANO@CONATYLAW.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **BLUEWAVE FINANCE GROUP, LLC**

Mailing Address: **PO Box 4387**

City, State Zip Country: **PORTLAND, OR 97208 USA**

DEBTOR INFORMATION

Last Name (i.e. Family Name or Surname): **NUZZO** *First Name:* **NICHOLAS**

Mailing Address: **225 LEGRIS AVENUE**

City, State Zip Country: **WEST WARWICK, RI 02893 USA**

SECURED PARTY INFORMATION

Org. Name: **BLUEWAVE FINANCE GROUP, LLC**

Mailing Address: **111 HUNTINGTON AVENUE, SUITE 650**

City, State Zip Country: **BOSTON, MA 02199 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: ACCT#BW0025169

COLLATERAL

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