

UCC-1 Form

FILER INFORMATION

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SEND ACKNOWLEDGEMENT TO

Contact name: **BRENNAN, RECUPERO, CASCIONE, SCUNGIO & McALLISTER, LLP**

Mailing Address: **362 BROADWAY**

City, State Zip Country: **PROVIDENCE, RI 02909 USA**

DEBTOR INFORMATION

Org. Name: **52 VALLEY STREET, LLC**

Mailing Address: **334 BROADWAY**

City, State Zip Country: **PROVIDENCE, RI 02909 USA**

SECURED PARTY INFORMATION

Org. Name: **CENTREVILLE BANK**

Mailing Address: **1218 MAIN STREET ATTN: COMM. LOAN DEPT.**

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

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: P202404

COLLATERAL

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