

UCC-1 Form

FILER INFORMATION

Full name: **DANIELLE LOSER**

Email Contact at Filer: **DLOSER@PARFUNDING.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **COMPLETE BUSINESS SOLUTIONS GROUP, INC.**

Mailing Address: **22 N 3RD ST**

City, State Zip Country: **PHILADELPHIA, PA 19106 USA**

DEBTOR INFORMATION

Org. Name: **CREPE CORNER LLC**

Mailing Address: **3 COMMERCE ST**

City, State Zip Country: **SMITHFIELD, RI 02828 USA**

Last Name (i.e. Family Name or Surname): **ADAGBOYI** *First Name:* **ANTHONY**

Mailing Address: **47 CEDAR FOREST RD**

City, State Zip Country: **SMITHFIELD, RI 02917 USA**

SECURED PARTY INFORMATION

Org. Name: **CONTRACT FINANCING SOLUTIONS**

Mailing Address: **22 N 3RD ST**

City, State Zip Country: **PHILADELPHIA, PA 19106 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

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