

UCC-1 Form

FILER INFORMATION

Full name: **STEVEN P. DeLUCA ESQ.**

Email Contact at Filer: **SPLAMONDON@WDGLAW.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **WIECK DeLUCA GEMMA INCORPORATED**

Mailing Address: **ONE TURKS HEAD PLACE, SUITE 1300**

City, State Zip Country: **PROVIDENCE, RI 02903 USA**

DEBTOR INFORMATION

Org. Name: **JOHNSON STREET REALTY, LLC**

Mailing Address: **ONE FRANKLIN SQUARE**

City, State Zip Country: **PROVIDENCE, RI 02903 USA**

SECURED PARTY INFORMATION

Org. Name: **FALL RIVER FIVE CENTS SAVINGS BANK**

Mailing Address: **79 NORTH MAIN STREET**

City, State Zip Country: **FALL RIVER, MA 02720 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

ALL ASSETS AND EQUIPMENT OWNED BY DEBTOR AND LOCATED AT OR USED OR USEABLE IN CONNECTION WITH THE REAL PROPERTY AND IMPROVEMENTS LOCATED AT 6 ALLENS AVENUE, PROVIDENCE, RHODE ISLAND.