

UCC-1 Form

FILER INFORMATION

Full name: **CORPORATION SERVICE COMPANY**

Email Contact at Filer: **RISOSUCCFILINGSV3@CSCGLOBAL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CORPORATION SERVICE COMPANY**

Mailing Address: **801 ADLAI STEVENSON DRIVE**

City, State Zip Country: **SPRINGFIELD, IL 62703 USA**

DEBTOR INFORMATION

Org. Name: **M & M DISPOSAL, INC.**

Mailing Address: **46 SHUN PIKE**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

Org. Name: **M & M DISPOSAL, INC**

Mailing Address: **46 SHUN PIKE**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

Org. Name: **M3 ENTERPRISES, INC.**

Mailing Address: **46 SHUN PIKE**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

Org. Name: **M & M DISPOSAL COMPANY**

Mailing Address: **46 SHUN PIKE**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

Org. Name: **MACERA CORPORATION**

Mailing Address: **46 SHUN PIKE**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

Org. Name: **M & M ENTERPRISES**

Mailing Address: **46 SHUN PIKE**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

Org. Name: **M & M DISPOSAL LLC**

Mailing Address: **46 SHUN PIKE**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

Org. Name: **M M DISPOSAL INC**

Mailing Address: **46 SHUN PIKE**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

Org. Name: **M 3 CORPORATION**

Mailing Address: **46 SHUN PIKE**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

Org. Name: **M AND M DISPOSAL**

Mailing Address: **46 SHUN PIKE**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

Last Name (i.e. Family Name or Surname): **MACERA** First Name: **FRANK** Middle Name: **H** Suffix: **JR.**

Mailing Address: **46 SHUN PIKE**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

Last Name (i.e. Family Name or Surname): **MACERA** First Name: **PAUL** Middle Name: **GREGORY**

Mailing Address: **420 BURNT HILL RD**

City, State Zip Country: **HOPE, RI 02831 USA**

SECURED PARTY INFORMATION

Org. Name: **CORPORATION SERVICE COMPANY, AS REPRESENTATIVE**

Mailing Address: **P.O. Box 2576; UCCSPREP@CSCGLOBAL.COM**

City, State Zip Country: **SPRINGFIELD, IL 62708 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 1795 90926

COLLATERAL

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