

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: **RHODE ISLAND RECOVERY AND REPAIR LLC**

Mailing Address: **40 FRESNO RD**

City, State Zip Country: **WARWICK, RI 02886 USA**

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Mailing Address: **40 FRESNO RD**

City, State Zip Country: **WARWICK, RI 02886 USA**

Last Name (i.e. Family Name or Surname): **SPRAGUE** First Name: **RICHARD**

Mailing Address: **911 TOLL GATEROAD TRL 14**

City, State Zip Country: **WARWICK, RI 02886 USA**

Last Name (i.e. Family Name or Surname): **SPRAGUE** First Name: **EMILY** Middle Name: **S**

Mailing Address: **911 TOLLGATE RD TRL 14**

City, State Zip Country: **WARWICK, RI 02886 USA**

SECURED PARTY INFORMATION

Org. Name: **COMPLETE BUSINESS SOLUTIONS GROUP, INC.**

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

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

TRANSACTION TYPE: STANDARD

COLLATERAL

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