

UCC-1 Form

FILER INFORMATION

Full name: **OCEAN STATE BUSINESS DEVELOPMENT AUTHORITY, INC.**

Email Contact at Filer: **RGASTON@OSBDA.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **OCEAN STATE BUSINESS DEVELOPMENT**

Mailing Address: **155 SOUTH MAIN ST., SUITE 403**

City, State Zip Country: **PROVIDENCE, RI 02903-2963 USA**

DEBTOR INFORMATION

Org. Name: **PCFP NK REAL ESTATE, LLC**

Mailing Address: **6105 POST ROAD**

City, State Zip Country: **NORTH KINGSTOWN, RI 02852 USA**

SECURED PARTY INFORMATION

Org. Name: **U.S. SMALL BUSINESS ADMINISTRATION**

Mailing Address: **380 WESTMINSTER MALL, 5TH FLOOR**

City, State Zip Country: **PROVIDENCE, RI 02903-2963 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

ALL EQUIPMENT AND FIXTURES