

UCC-1 Form

FILER INFORMATION

Full name: **CRAIG WATKINSON**

Email Contact at Filer: **CRAIG@MSNTITLE.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **MSN TITLE**

Mailing Address: **200 METRO CENTER BLVD**

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

DEBTOR INFORMATION

Org. Name: **WEEKS TRUST, LLC**

Mailing Address: **279 DEXTER STEEET**

City, State Zip Country: **PROVIDENCE, RI 02907 USA**

Last Name (i.e. Family Name or Surname): **WEEKS** *First Name:* **LEO** *Middle Name:* **J**

Mailing Address: **279 DEXTER STREET**

City, State Zip Country: **PROVIDENCE, RI 02907 USA**

SECURED PARTY INFORMATION

Org. Name: **REMED GROUP, INC**

Mailing Address: **115 BEAVERTAIL ROAD**

City, State Zip Country: **JAMESTOWN, RI 02835 USA**

TRANSACTION TYPE: PUBLIC FINANCE

COLLATERAL

ALL ASSETS OF THE DEBTOR LOCATED ON OR RELATED TO THE PROPERTY AT 2 MACERA FARM ROAD, JOHNSTON, RI AND 507R CHALKSTONE AVE, PROVIDENCE, RI