

UCC-1 Form

FILER INFORMATION

Full name: **MATTHEW BORSETH**

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SEND ACKNOWLEDGEMENT TO

Contact name: **FIDELITY COOPERATIVE BANK**

Mailing Address: **9 LEOMINSTER CONNECTOR**

City, State Zip Country: **LEOMINSTER, MA 01453 USA**

DEBTOR INFORMATION

Org. Name: **MOHSPROS LLC**

Mailing Address: **1287 NORTH MAIN STREET**

City, State Zip Country: **PROVIDENCE, RI 02904 USA**

SECURED PARTY INFORMATION

Org. Name: **FIDELITY COOPERATIVE BANK**

Mailing Address: **9 LEOMINSTER CONNECTOR**

City, State Zip Country: **LEOMINSTER, MA 01453 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

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