

UCC-1 Form

FILER INFORMATION

Full name: **OWEN DOHERTY**

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DEBTOR INFORMATION

Org. Name: **THE CAPITAL GOOD FUND**

Mailing Address: **22 A STREET**

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

SECURED PARTY INFORMATION

Org. Name: **THE RHODE ISLAND COMMUNITY FOUNDATION**

Mailing Address: **ONE UNION STATION**

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

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: *TO BE FILED WITH THE RHODE ISLAND DEPARTMENT OF STATE

COLLATERAL

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