

UCC-1 Form

FILER INFORMATION

Full name:

Email Contact at Filer: **SCHERIE.RANKIN@AUTOFINANCE.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **AUTOMOTIVE FINANCE CORPORATION**

Mailing Address: **11299 N. ILLINOIS STREET**

City, State Zip Country: **CARMEL, IN 46032 USA**

DEBTOR INFORMATION

Org. Name: **NEW RIDES AUTO SALES & SERVICE, LLC**

Mailing Address: **925 CHARLES STREET**

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

SECURED PARTY INFORMATION

Org. Name: **AUTOMOTIVE FINANCE CORPORATION**

Mailing Address: **WWW.AFCDEALER.COM 11299 N. ILLINOIS STREET**

City, State Zip Country: **CARMEL, IN 46032 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 605584SR

COLLATERAL

ALL OF DEBTORS ASSETS AND PROPERTIES WHEREVER LOCATED, INCLUDING WITHOUT LIMITATION: ACCOUNTS, CHATTEL PAPER, DEPOSIT ACCOUNTS, DOCUMENTS, EQUIPMENT, FIXTURES, INVENTORY AND OTHER GOODS, GENERAL INTANGIBLES, INSTRUMENTS, INSURANCE POLICIES, INVESTMENT PROPERTY, LETTER OF CREDIT RIGHTS, MONEY, SOFTWARE, SUPPORTING OBLIGATIONS, AND TITLES, NOW OWNED OR HEREAFTER ACQUIRED BY DEBTOR; ANY AND ALL PROCEEDS, PRODUCTS, ADDITIONS, ACCESSIONS, ACCESSORIES, AND REPLACEMENTS OF THE FOREGOING; AND ALL OF DEBTORS COMPUTER RECORDS, BUSINESS PAPERS, LEDGER SHEETS, FILES, BOOKS, AND RECORDS RELATING TO THE FOREGOING, NOW OWNED OR HEREAFTER ACQUIRED.