

UCC-1 Form

FILER INFORMATION

Full name: **COLLEEN GUARNIERI**

Email Contact at Filer: **CGUARNIERI@BAYCOLONY.ORG**

SEND ACKNOWLEDGEMENT TO

Contact name: **BAY COLONY DEVELOPMENT CORP.**

Mailing Address: **230 THIRD AVENUE, 1ST FLOOR**

City, State Zip Country: **WALTHAM, MA 02451 USA**

DEBTOR INFORMATION

Org. Name: **SEAVIEW INN, LLC**

Mailing Address: **240 AQUIDNECK AVENUE**

City, State Zip Country: **MIDDLETOWN, RI 02842 USA**

Org. Name: **SEAVIEW HOTEL, INC.**

Mailing Address: **240 AQUIDNECK AVENUE**

City, State Zip Country: **MIDDLETOWN, RI 02842 USA**

SECURED PARTY INFORMATION

Org. Name: **BAY COLONY DEVELOPMENT CORP.**

Mailing Address: **230 THIRD AVENUE, 1ST FLOOR**

City, State Zip Country: **WALTHAM, MA 02451 USA**

ASSIGNEE INFORMATION

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

Mailing Address: **C/O BAY COLONY DEVELOPMENT CORP.; 230 THIRD AVENUE, 1ST FLOOR**

City, State Zip Country: **WALTHAM, MA 02451 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 825 258 8210

COLLATERAL

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