

UCC-1 Form

FILER INFORMATION

Full name: **ZELDES, NEEDLE & COOPER, P.C.**

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SEND ACKNOWLEDGEMENT TO

Contact name: **ZELDES, NEEDLE & COOPER, P.C.**

Mailing Address: **1000 LAFAYETTE BOULEVARD**

City, State Zip Country: **BRIDGEPORT, CT 06604 USA**

DEBTOR INFORMATION

Org. Name: **CROSS STREET, LLC**

Mailing Address: **10 DORRANCE STREET, SUITE 700**

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

SECURED PARTY INFORMATION

Org. Name: **STORMFIELD CAPITAL FUNDING I, LLC**

Mailing Address: **200 PEQUOT AVENUE**

City, State Zip Country: **SOUTHPORT, CT 06890 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

SEE ATTACHED