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# **UCC-1 Form**

## FILER INFORMATION

Full name: CORPORATION SERVICE COMPANY

Email Contact at Filer: RISOSUCCFILINGSV3@cscglobal.com

### SEND ACKNOWLEDGEMENT TO

Contact name: Corporation Service Company

Mailing Address: 801 Adlai Stevenson Drive

City, State Zip Country: Springfield, IL 62703 USA

# **DEBTOR INFORMATION**

Org. Name: WAVE INSURANCE INC.

Mailing Address: 141 Power Road, Suite 201

City, State Zip Country: PAWTUCKET, RI 02860 USA

### SECURED PARTY INFORMATION

Org. Name: CITIZENS BANK, N.A

Mailing Address: ONE CITIZENS PLAZA

City, State Zip Country: PROVIDENCE, RI 02903 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: OPTIONAL FILER REFERENCE 2174 20041

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