

UCC-1 Form

FILER INFORMATION

Full name: **AIDA ARANGO**

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SEND ACKNOWLEDGEMENT TO

Contact name: **HARBORONE BANK**

Mailing Address: **770 OAK STREET**

City, State Zip Country: **BROCKTON, MA 02301 USA**

DEBTOR INFORMATION

Org. Name: **DMS SERVICES, LLC**

Mailing Address: **PO Box 19854**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

Org. Name: **DISPATCH MANAGEMENT SERVICES, INC**

Mailing Address: **PO Box 19065**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

Org. Name: **DELIVERY MANAGEMENT SERVICES, INC**

Mailing Address: **PO Box 19539**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

Org. Name: **DIESEL MAINTENANCE SERVICES, LLC**

Mailing Address: **PO Box 19429**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

Org. Name: **DISTRIBUTION MANAGEMENT SERVICES, INC**

Mailing Address: **PO Box 19645**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

Org. Name: **DMS HOLDINGS, INC**

Mailing Address: **PO Box 19223**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

SECURED PARTY INFORMATION

Org. Name: **HARBORONE BANK**

Mailing Address: **770 OAK STREET**

City, State Zip Country: **BROCKTON, MA 02919 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

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