

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **AIDA ARANGO**

*Email Contact at Filer:* **AARANGO@HARBORONE.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **HARBORONE BANK**

*Mailing Address:* **770 OAK STREET**

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

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## 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**

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## SECURED PARTY INFORMATION

*Org. Name:* **HARBORONE BANK**

*Mailing Address:* **770 OAK STREET**

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

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: LOAN#3561815501**

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## COLLATERAL

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