

# 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:* **TRAVERS PLUMBING & HEATING, INC.**

*Mailing Address:* **1 PARK AVENUE**

*City, State Zip Country:* **PORTSMOUTH, RI 02871 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

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## COLLATERAL

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