

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **CSC**

*Email Contact at Filer:* **RISOSUCCFILINGSV3@CSCGLOBAL.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **CSC**

*Mailing Address:* **801 ADLAI STEVENSON DRIVE**

*City, State Zip Country:* **SPRINGFIELD, IL 62703 USA**

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## DEBTOR INFORMATION

*Org. Name:* **ALBA BROTHERS CONSTRUCTIONS LLC**

*Mailing Address:* **289 OHIO AVENUE**

*City, State Zip Country:* **PROVIDENCE, RI 02905 USA**

*Last Name (i.e. Family Name or Surname):* **ALBA** *First Name:* **JOSE** *Middle Name:* **E**

*Mailing Address:* **289 OHIO AVENUE**

*City, State Zip Country:* **PROVIDENCE, RI 02905 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **PREMIER CAPITAL FUNDING, LLC**

*Mailing Address:* **9265 4TH AVE, 2ND FL.**

*City, State Zip Country:* **BROOKLYN, NY 11209 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: 1016603**

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## COLLATERAL

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