

UCC-1 Form

FILER INFORMATION

Full name: **MICHELLE M VINCENT**

Email Contact at Filer: **MVINCENT@CRESTMARK.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CRESTMARK VENDOR FINANCE, A DIVISION OF METABANK, NATIONAL ASSOCIATION**

Mailing Address: **5480 CORPORATE DRIVE, SUITE 350, NONE**

City, State Zip Country: **TROY, MI 48098 USA**

DEBTOR INFORMATION

Org. Name: **B.B.C. TRANSPORTATION SERVICE CORP.**

Mailing Address: **110 ALEXANDER MCGREGOR ROAD**

City, State Zip Country: **PAWTUCKET, RI 02861 USA**

SECURED PARTY INFORMATION

Org. Name: **CRESTMARK VENDOR FINANCE, A DIVISION OF METABANK, NATIONAL ASSOCIATION**

Mailing Address: **5480 CORPORATE DRIVE, SUITE 350**

City, State Zip Country: **TROY, MI 48098 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: B.B.C. TRANSPORTATION SERVICE CORP./504374-1

COLLATERAL

ALL OF THE EQUIPMENT AND ALL MODIFICATIONS, ADDITIONS, REPLACEMENTS AND SUBSTITUTIONS AND PROCEEDS THERETO, IN WHOLE OR IN PART, AS DESCRIBED ON EQUIPMENT FINANCE AGREEMENT #504374-1, DATED 12/23/2021 BETWEEN DEBTOR AND CRESTMARK VENDOR FINANCE, A DIVISION OF METABANK, NATIONAL ASSOCIATION, AS LENDER, AS IT MAY BE AMENDED FROM TIME TO TIME, TOGETHER WITH ALL FINANCE PAYMENTS AND OTHER AMOUNTS PAYABLE THEREUNDER, INCLUDING ALL PROCEEDS AND INSURANCE PROCEEDS.