

UCC-1 Form

FILER INFORMATION

Full name: **THOMAS B. MITCHELL, ESQ.**

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SEND ACKNOWLEDGEMENT TO

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Mailing Address: **ONE STATE STREET, 14TH FL.**

City, State Zip Country: **HARTFORD, CT 06103 USA**

DEBTOR INFORMATION

Org. Name: **RIVERVIEW RETAIL, LLC**

Mailing Address: **C/O THE KOFFLER GROUP, 10 MEMORIAL BOULEVARD, SUITE 901**

City, State Zip Country: **PROVIDENCE, RI 02903 USA**

SECURED PARTY INFORMATION

Org. Name: **UNION SAVINGS BANK**

Mailing Address: **225 MAIN STREET**

City, State Zip Country: **DANBURY, CT 06810 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

SEE EXHIBIT A AND SCHEDULE A ATTACHED HERETO AND MADE A PART HEREOF