

UCC-1 Form

FILER INFORMATION

Full name: **ROBERT A. RAGOSTA, ESQ.**

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City, State Zip Country: **CRANSTON, RI 02920 USA**

DEBTOR INFORMATION

Org. Name: **BLUE MOON PROPERTIES, LLC**

Mailing Address: **94 HARPER AVENUE**

City, State Zip Country: **CRANSTON, RI 02910 USA**

SECURED PARTY INFORMATION

Last Name (i.e. Family Name or Surname): **DODD** *First Name:* **THOMAS**

Mailing Address: **18 UTTER STREET**

City, State Zip Country: **CRANSTON, RI 02920 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

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