

UCC-1 Form

FILER INFORMATION

Full name: **COLLEEN GUARNIERI**

Email Contact at Filer: **CGUARNIERI@BAYCOLONY.ORG**

SEND ACKNOWLEDGEMENT TO

Contact name: **BAY COLONY DEVELOPMENT CORP.**

Mailing Address: **230 3RD AVE, 1ST FLOOR**

City, State Zip Country: **WALTHAM, MA 02451 USA**

DEBTOR INFORMATION

Org. Name: **MYSTIC HARIKRISHNA, LLC**

Mailing Address: **4 UNIVERSAL BOULEVARD**

City, State Zip Country: **COVENTRY, RI 02816 USA**

Org. Name: **MYSTIC AKSHAR, LLC**

Mailing Address: **4 UNIVERSAL BOULEVARD**

City, State Zip Country: **COVENTRY, RI 02816 USA**

SECURED PARTY INFORMATION

Org. Name: **BAY COLONY DEVELOPMENT CORP.**

Mailing Address: **230 3RD AVE, 1ST FLOOR**

City, State Zip Country: **WALTHAM, MA 02451 USA**

ASSIGNEE INFORMATION

Org. Name: **U.S. SMALL BUSINESS ADMINISTRATION**

Mailing Address: **C/O BAY COLONY DEVELOPMENT CORP. 230 3RD AVE, 1ST FLOOR**

City, State Zip Country: **WALTHAM, MA 02451 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 261 677 9100

COLLATERAL

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