

UCC-1 Form

FILER INFORMATION

Full name: **ADAM S. CLAVELL, Es Q.**

Email Contact at Filer: **ACLAVELL@CLAVELL-LAW.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CLAVELL & ASSOCIATES PC**

Mailing Address: **355 UNION ST.**

City, State Zip Country: **NEW BEDFORD, MA 02740 USA**

DEBTOR INFORMATION

Org. Name: **DMG, LLC.**

Mailing Address: **186 ROCHAMBEAU AVE.**

City, State Zip Country: **PROVIDENCE, RI 02906 USA**

SECURED PARTY INFORMATION

Org. Name: **MECHANICS COOPERATIVE BANK**

Mailing Address: **308 BAY STREET, PO Box 552**

City, State Zip Country: **TAUNTON, MA 02780 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

ALL ASSETS OF THE DEBTOR WHICH ARE NOW OR HEREAFTER LOCATED AT, OR WHICH ARE NOW OR HEREAFTER USED OR USEFUL IN THE DEBTOR'S OPERATION OF, THE REAL PROPERTY LOCATED AT 80 SHERIDAN STREET, PROVIDENCE, RI 02909, AS MORE PARTICULARLY DESCRIBED IN THAT CERTAIN MORTGAGE DEED, SECURITY AGREEMENT AND ASSIGNMENT OF LEASES AND RENTS, DATED AS OF SEPTEMBER 15, 2022, EXECUTED BY THE DEBTOR IN FAVOR OF THE SECURED PARTY RECORDED IN THE LAND EVIDENCE RECORDS OF THE CITY OF PROVIDENCE IN BOOK 13685, PAGE 112.