

UCC-1 Form

FILER INFORMATION

Full name: **EDWARD G. AVILA, ES Q.**

Email Contact at Filer: **RNARVAEZ@RCFP.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **ROBERTS, CARROLL, FELDSTEIN & PEIRCE, INC.**

Mailing Address: **10 WEYBOSSET ST, SUITE 800**

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

DEBTOR INFORMATION

Org. Name: **RAB PROPERTIES, LLC**

Mailing Address: **1052 NORTH MAIN STREET**

City, State Zip Country: **PROVIDENCE, RI 02904 USA**

SECURED PARTY INFORMATION

Org. Name: **TD BANK, N.A.**

Mailing Address: **180 WESTMINSTER STREET**

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

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: OUR FILE # 5080-44 (550 PAWTUCKET AVE)

COLLATERAL

SEE EXHIBIT "A" ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE.