

UCC-1 Form

FILER INFORMATION

Full name: **ATLANTIC UNION BANK**

Email Contact at Filer: **JGLASSER@GLASSERLAW.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **ATLANTIC UNION BANK**

Mailing Address: **P.O. Box 5568**

City, State Zip Country: **GLEN ALLEN, VA 23058 USA**

DEBTOR INFORMATION

Org. Name: **THE LIGHTSHIP GROUP, LLC**

Mailing Address: **606 TEN ROD ROAD, UNIT 6**

City, State Zip Country: **NORTH KINGSTOWN, RI 02852 USA**

SECURED PARTY INFORMATION

Org. Name: **ATLANTIC UNION BANK**

Mailing Address: **P.O. Box 5568**

City, State Zip Country: **GLEN ALLEN, VA 23058 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

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