

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **CORPORATION SERVICE COMPANY**

*Email Contact at Filer:* **RISOSUCCFILINGSV3@CSCGLOBAL.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **CORPORATION SERVICE COMPANY**

*Mailing Address:* **801 ADLAI STEVENSON DRIVE**

*City, State Zip Country:* **SPRINGFIELD, IL 62703 USA**

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## DEBTOR INFORMATION

*Org. Name:* **WATERMAN LAUNDROMAT**

*Mailing Address:* **146 WATERMAN AVE UNIT E**

*City, State Zip Country:* **NORTH PROVIDENCE, RI 02911 USA**

*Last Name (i.e. Family Name or Surname):* **ELMONUS** *First Name:* **IDWELSON**

*Mailing Address:* **148 TOLEDO AVE**

*City, State Zip Country:* **PAWTUCKET, RI 02860 USA**

*Last Name (i.e. Family Name or Surname):* **ELMONUS** *First Name:* **LAIKA**

*Mailing Address:* **148 TOLEDO AVE**

*City, State Zip Country:* **PAWTUCKET, RI 02860 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **ALLIANCE LAUNDRY SYSTEMS LLC**

*Mailing Address:* **PO Box 990**

*City, State Zip Country:* **RIPON, WI 54971 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: :APPLICATION # 1955 2453 85192**

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## COLLATERAL

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