

# 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:* **JOSEPH D. LACOURSE & SON, INC.**

*Mailing Address:* **260 MIDDLE ST**

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

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## SECURED PARTY INFORMATION

*Org. Name:* **FINANCIAL AGENT SERVICES**

*Mailing Address:* **P.O. BOX 2576**

*City, State Zip Country:* **SPRINGFIELD, IL 62708 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: 1775610 2457 24265**

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## COLLATERAL

(1) MANUAL CUTTER GRINDER AND ACCESSORIES (1) CNC PROGRAMMABLE TOP/FACE GRINDER THE COLLATERAL ALSO INCLUDES ALL CURRENTLY EXISTING AND FUTURE ATTACHMENTS, PARTS, ACCESSORIES AND ADD-ONS FOR ALL OF THE FOREGOING EQUIPMENT, AND ALL PRODUCTS AND PROCEEDS THEREOF. ALL DESCRIBED COLLATERAL HEREIN FALLS WITHIN THE SCOPE OF ARTICLE 9 OF THE UNIFORM COMMERCIAL CODE