

UCC-1 Form

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**

DEBTOR INFORMATION

Org. Name: **ONECO BUILDERS LLC**

Mailing Address: **475 ROBIN HOLLOW RD**

City, State Zip Country: **WEST GREENWICH, RI 02897 USA**

Last Name (i.e. Family Name or Surname): **DIMARTINO** *First Name:* **FRANK** *Middle Name:* **H**

Mailing Address: **475 ROBIN HOLLOW RD**

City, State Zip Country: **WEST GREENWICH, RI 02897 USA**

SECURED PARTY INFORMATION

Org. Name: **CORPORATION SERVICE COMPANY, AS REPRESENTATIVE**

Mailing Address: **PO BOX 2576 UCCSPREP@CSCINFO.COM**

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

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2460 60318

COLLATERAL

FUTURE RECEIPTS AS DEFINED IN THE PAYMENT RIGHTS PURCHASE AND SALE AGREEMENT WHICH INCLUDES ALL PAYMENTS MADE BY CASH, CHECK, ACH OR OTHER ELECTRONIC TRANSFER, CREDIT CARD, DEBIT CARD, BANK CARD, CHARGE CARD OR OTHER FORM OF MONETARY PAYMENT IN THE ORDINARY COURSE OF BUSINESS.