UCC-1 Form

FILER INFORMATION

Full name: **ANNEMARIE FEELEY**

Email Contact at Filer: **AFEELEY@NAVIGANTCU.ORG**

SEND ACKNOWLEDGEMENT TO

Contact name: **NAVIGANT CREDIT UNION**

Mailing Address: **1005 DOUGLAS PIKE**

City, State Zip Country: **SMITHFIELD, RI 02917 USA**

DEBTOR INFORMATION

Org. Name: **ST JOSEPH VETERANS ASSOCIATION, INC.**

Mailing Address: **99 LOUISE STREET**

City, State Zip Country: **WOONSOCKET, RI 02917 USA**

SECURED PARTY INFORMATION

Org. Name: **NAVIGANT CREDIT UNION**

Mailing Address: **1005 DOUGLAS PIKE**

City, State Zip Country: **SMITHFIELD, RI 02917 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

ANY AND ALL FIXTURES AND PERSONAL PROPERTY OF THE DEBTOR, WHETHER NOW OWNED OR HEREAFTER ACQUIRED, OR IN WHICH THE DEBTOR MAY NOW HAVE OR HEREAFTER ACQUIRE INTEREST, LOCATED AT OR USED IN CONNECTION WITH THE PREMISES LOCATED AT 99 LOUISE STREET, WOONSOCKET, RI 02895, INCLUDING WITHOUT LIMITATION (I) ALL FIXTURES, APPLIANCES, FURNITURE, EQUIPMENT , FURNISHINGS OR PERSONAL PROPERTY NOW OWNED OR HEREINAFTER ACQUIRED BY THE DEBTOR, AND DEBTOR'S INTEREST IN ANY FIXTURES, APPLIANCES, FURNITURE, EQUIPMENT UNDER LEASE OR OTHERWISE, AND USED IN CONNECTION WITH OR LOCATED ON THE PREMISES: (II) ALL PERMITS, LICENSES AND APPROVALS GRANTED, GIVEN OR ISSUED IN CONNECTION WITH THE OCCUPANCY, USE AND OPERATION OF THE PREMISES: (III) ALL BOOKS AND RECORDS RELATING TO THE OPERATION AND MAINTENANCE OF THE PREMISES AND (IV) ALL PLANS AND SPECIFICATIONS AND CONTRACTS RELATING TO THE CONSTRUCTION ON THE PREMISES AND (V) ALL MATERIALS, SUPPLIES AND IMPROVEMENTS THEREON WHETHER OR NOT THE SAME ARE LOCATED ON THE PREMISES.