

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: **L&M PROPERTY SOLUTIONS, LLC**

Mailing Address: **753 OAKLAWN AVENUE**

City, State Zip Country: **CRANSTON, RI 02920 USA**

Org. Name: **THE HOUSE DOCTOR INC.**

Mailing Address: **753 OAKLAWN AVENUE**

City, State Zip Country: **CRANSTON, RI 02920 USA**

Org. Name: **CLUB 1216**

Mailing Address: **753 OAKLAWN AVENUE**

City, State Zip Country: **CRANSTON, RI 02920 USA**

Org. Name: **UNICORN CONSTRUCTION LLC**

Mailing Address: **753 OAKLAWN AVENUE**

City, State Zip Country: **CRANSTON, RI 02920 USA**

Org. Name: **MOSCA DESIGN BUILD LLC**

Mailing Address: **753 OAKLAWN AVENUE**

City, State Zip Country: **CRANSTON, RI 02920 USA**

Last Name (i.e. Family Name or Surname): **MOSCA** *First Name:* **LOUIS**

Mailing Address: **753 OAKLAWN AVENUE**

City, State Zip Country: **CRANSTON, RI 02920 USA**

Last Name (i.e. Family Name or Surname): **MOSCA** *First Name:* **MICHELLE**

Mailing Address: **753 OAKLAWN AVENUE**

City, State Zip Country: **CRANSTON, RI 02920 USA**

SECURED PARTY INFORMATION

Org. Name: **THE LCF GROUP, INC.**

Mailing Address: **3000 MARCUS AVENUE, SUITE 2W15**

City, State Zip Country: **LAKE SUCCESS, NY 11042 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2463 89304

COLLATERAL

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