

# UCC-1 Form

---

## FILER INFORMATION

*Full name:* **MICHELLE PERRY**

*Email Contact at Filer:* **MPERRY@BAYCOASTBANK.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **BAYCOAST BANK**

*Mailing Address:* **330 SWANSEA MALL DRIVE**

*City, State Zip Country:* **SWANSEA, MA 02777 USA**

---

## DEBTOR INFORMATION

*Org. Name:* **DULGARIAN IA LLC**

*Mailing Address:* **144 WATERMAN ST,SUITE 6**

*City, State Zip Country:* **PROVIDENCE, RI 02906 USA**

---

## SECURED PARTY INFORMATION

*Org. Name:* **BAYCOAST BANK**

*Mailing Address:* **330 SWANSEA MALL DRIVE**

*City, State Zip Country:* **SWANSEA, MA 02777 USA**

---

## TRANSACTION TYPE: STANDARD

---

## COLLATERAL

SEE EXHIBIT A ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE.