

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: **PROVIDENCE SPECIALTY PRODUCTS, LLC**

Mailing Address: **33 DEARBORN ST.**

City, State Zip Country: **PROVIDENCE, RI 02909 USA**

SECURED PARTY INFORMATION

Org. Name: **FIRST FOUNDATION BANK**

Mailing Address: **18101 VON KARMAN AVE. SUITE 750**

City, State Zip Country: **IRVINE, CA 92612 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2482 84513

COLLATERAL

PLEASE SEE ATTACHED EXHIBIT A

Providence Capital Funding

"EXHIBIT A"

LEASE SCHEDULE NO: 20221129/

Comat/Italy, LLC
16 Strong Pl.
Brooklyn, NY 11231
(718) 243-2850

QUANTITY	EQUIPMENT DESCRIPTION	SERIAL NUMBERS
2	Model DB600 Dosing unit for Burrata VM/600TBP mm850x700x1650h	
2	Complete Kit Spare Parts DB600	

LESSEE:

This Exhibit A is hereby verified as correct by the
Undersigned Lessee and constitutes all the
Equipment covered by the referenced Lease.

DocuSigned by:

X Mark Federico

6A2EE6DCF4D64F8...

Mark Federico Printed NameManaging Member Title1/9/2023 DateProvidence Specialty Products, LLC Company Name

LESSOR:

Exhibit A attached hereto and made part hereof of the
Lease Agreement.

X [Signature]Ofen HornOperations Manager 1/11/23ACCEPTED BY: Providence Capital Funding, Inc.