

UCC-1 Form

FILER INFORMATION

Full name: **CSC**

Email Contact at Filer: **LOGAN.HIXON@CSCGLOBAL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CSC**

Mailing Address: **801 ADLAI STEVENSON DRIVE**

City, State Zip Country: **SPRINGFIELD, IL 62703 USA**

DEBTOR INFORMATION

Org. Name: **BLACKSTONE FALLS, LLC**

Mailing Address: **130 PROSPECT STREET**

City, State Zip Country: **CAMBRIDGE, MA 02139 USA**

SECURED PARTY INFORMATION

Org. Name: **CAMBRIDGE SAVINGS BANK**

Mailing Address: **81 WYMAN STREET**

City, State Zip Country: **WALTHAM, MA 02451 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI SECRETARY OF STATE'S OFFICE

COLLATERAL

ALL ASSETS OF DEBTOR WHETHER NOW OWNED OR HEREAFTER ACQUIRED AND ALL PROCEEDS THEREOF.