

# UCC-1 Form

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## FILER INFORMATION

*Full name:*

*Email Contact at Filer:* **DBREWER@BRCSM.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **BRENNAN, RECUPERO, CASCIONE, SCUNGIO & MCALLISTER, LLP**

*Mailing Address:* **362 BROADWAY**

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

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## DEBTOR INFORMATION

*Org. Name:* **PINNACLE, LLC**

*Mailing Address:* **300 CENTERVILLE ROAD SUMMIT EAST, SUITE 320**

*City, State Zip Country:* **WARWICK, RI 02886 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **CENTREVILLE BANK**

*Mailing Address:* **1218 MAIN STREET, ATTN: COMMERCIAL LOAN DEPARTMENT**

*City, State Zip Country:* **WEST WARWICK, RI 02893 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: P202834.0022**

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## COLLATERAL

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