

UCC-1 Form

FILER INFORMATION

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SEND ACKNOWLEDGEMENT TO

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Mailing Address: **2088 BROAD STREET**

City, State Zip Country: **CRANSTON, RI 02905 USA**

DEBTOR INFORMATION

Org. Name: **BAYSIDE MEDICAL CENTER BUILDING CONDOMINIUM ASSOCIATION, INC.**

Mailing Address: **235 PLAIN STREET**

City, State Zip Country: **PROVIDENCE, RI 02905 USA**

SECURED PARTY INFORMATION

Org. Name: **WESTERLY COMMUNITY CREDIT UNION**

Mailing Address: **4979 TOWER HILL ROAD**

City, State Zip Country: **WAKEFIELD, RI 02879 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI SECRETARY OF STATE

COLLATERAL

ALL FEES, ASSESSMENTS AND DUES, NOW OR HEREAFTER EXISTING WITH RESPECT TO THE THE CONDOMINIUM PROPERTY KNOWN AS THE BAYSIDE MEDICAL BUILDING CONDOMINIUM LOCATED AT 235 PLAIN STREET, PROVIDENCE, RHODE ISLAND 02905, (THE "PREMISES") AND IN ACCORDANCE WITH THE TERMS OF THE DECLARATION OF CONDOMINIUM RECORDED IN THE LAND EVIDENCE RECORDS OF THE CITY OF PROVIDENCE, STATE OF RHODE ISLAND IN BOOK CB10 AT PAGE 72, AS MAY BE AMENDED, AND THE BYLAWS AND RULES AND REGULATIONS PROMULGATED IN RESPECT THERETO, AND ANY AND ALL OTHER DOCUMENTS IN CONNECTION THEREWITH (ALL OF SUCH INSTRUMENTS, AS AMENDED FROM TIME TO TIME HEREINAFTER COLLECTIVELY REFERRED TO AS THE "CONDOMINIUM DOCUMENTS") AND PURSUANT TO RHODE ISLAND GENERAL LAWS, SECTIONS 34-36-1 AND 34-36.1-1.01; AND ALL ASSESSMENTS, DUES, FEES AND OTHER PAYMENTS OF EVERY KIND AND NATURE DUE OR PAYABLE AND TO BECOME DUE OR PAYABLE TO DEBTOR, ITS SUCCESSORS AND ASSIGNS, BY VIRTUE OF THE CONDOMINIUM DOCUMENTS, OR OTHERWISE DUE OR PAYABLE AND TO BECOME DUE AND PAYABLE TO THE DEBTOR, ITS SUCCESSORS AND ASSIGNS, AS THE RESULT OF ANY USE, POSSESSION, OR OCCUPANCY OF ANY PORTION OR PORTIONS OF THE PREMISES, INCLUDING, BUT NOT LIMITED TO, FEES, DUES, ASSESSMENTS, DEPOSITS, OPERATING EXPENSE PAYMENTS, OR ANY OTHER PAYMENTS ARISING FROM THE CONDOMINIUM DOCUMENTS OR BUDGET RELATED THERETO; AND FUNDS IN ACCOUNT Nos. XXX956-30 AND XXX956-40 WITH WESTERLY COMMUNITY CREDIT UNION.