

UCC-1 Form

FILER INFORMATION

Full name: **LAUREN ARMSTRONG**

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SEND ACKNOWLEDGEMENT TO

Contact name: **BANKFIVE**

Mailing Address: **79 N MAIN ST**

City, State Zip Country: **FALL RIVER, MA 02720 USA**

DEBTOR INFORMATION

Org. Name: **WOODY REALTY LLC**

Mailing Address: **205 HALLENE RD #208**

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

Org. Name: **SHAMROCK CONSTRUCTION**

Mailing Address: **205 HALLENE RD #208**

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

SECURED PARTY INFORMATION

Org. Name: **FALL RIVER FIVE CENTS SAVINGS BANK**

Mailing Address: **79 N MAIN ST**

City, State Zip Country: **FALL RIVER, MA 02720 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

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