

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **ADAM S. CLAVELL, Es Q.**

*Email Contact at Filer:* **ACLAVELL@CLAVELL-LAW.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **CLAVELL & ASSOCIATES PC**

*Mailing Address:* **355 UNION ST.**

*City, State Zip Country:* **NEW BEDFORD, MA 02740 USA**

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## DEBTOR INFORMATION

*Org. Name:* **CITY PLACE, LLC**

*Mailing Address:* **PO BOX 91012**

*City, State Zip Country:* **JOHNSTON, RI 02919 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **MECHANICS COOPERATIVE BANK**

*Mailing Address:* **308 BAY STREET, PO BOX 552**

*City, State Zip Country:* **TAUNTON, MA 02780 USA**

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## TRANSACTION TYPE: STANDARD

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## COLLATERAL

ALL ASSETS OF THE DEBTOR WHICH ARE NOW OR HEREAFTER LOCATED AT, OR WHICH ARE NOW OR HEREAFTER USED OR USEFUL IN THE DEBTOR'S OPERATION OF, THE REAL PROPERTY LOCATED AT 41 FORD LANE, WARWICK, RI.