

UCC-1 Form

FILER INFORMATION

Full name:

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SEND ACKNOWLEDGEMENT TO

Contact name: HARBORONE BANK

Mailing Address: 770 OAK STREET

City, State Zip Country: BROCKTON, MA 02301 USA

DEBTOR INFORMATION

Org. Name: WAVE INSURANCE INC

Mailing Address: 141 POWER ROAD SUITE 201

City, State Zip Country: PAWTUCKET, RI 02860 USA

SECURED PARTY INFORMATION

Org. Name: HARBORONE BANK

Mailing Address: 770 OAK STREET

City, State Zip Country: BROCKTON, MA 02301 USA

TRANSACTION TYPE: STANDARD

COLLATERAL

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