

UCC-1 Form

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**

DEBTOR INFORMATION

Org. Name: **ATLANTIC-N.E. PROPERTY MANAGEMENT, LLC**

Mailing Address: **678 GEORGE WASHINGTON HIGHWAY**

City, State Zip Country: **LINCOLN, RI 02865 USA**

SECURED PARTY INFORMATION

Org. Name: **3900 NW, LLP**

Mailing Address: **3900 NW 2ND AVENUE**

City, State Zip Country: **MIAMI, FL 33127 USA**

TRANSACTION TYPE: STANDARD

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, 190 AND 194 OLD COUNTY ROAD, SMITHFIELD, RI, AS MORE PARTICULARLY DESCRIBED IN THAT CERTAIN MORTGAGE DEED, SECURITY AGREEMENT AND ASSIGNMENT OF LEASES AND RENTS, DATED AS OF JUNE 23, 2023, EXECUTED BY THE DEBTOR IN FAVOR OF THE SECURED PARTY RECORDED IN THE TOWN OF SMITHFIELD LAND EVIDENCE RECORDS IN BOOK 1469, PAGE 96.