

# 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:* **WINDAM ASSOCIATES, 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:* **470 MYLES STANDISH BLVD.**

*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 0 GEORGE WASHINGTON HIGHWAY, 235 GEORGE WASHINGTON HIGHWAY AND 0 HANTON CITY TRAIL, SMITHFIELD, RHODE ISLAND.