

UCC-1 Form

FILER INFORMATION

Full name: **MICHAEL E. LEVINSON ES Q.**

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SEND ACKNOWLEDGEMENT TO

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Mailing Address: **1543 FALL RIVER AVE, STE 1**

City, State Zip Country: **SEEKONK, MA 02771 USA**

DEBTOR INFORMATION

Org. Name: **PROVIDENCE COUNTRY DAY SCHOOL**

Mailing Address: **660 WATERMAN AVENUE**

City, State Zip Country: **EAST PROVIDENCE, RI 02914 USA**

SECURED PARTY INFORMATION

Org. Name: **BAYCOAST BANK**

Mailing Address: **330 SWANSEA MALL DRIVE**

City, State Zip Country: **SWANSEA, MA 02777 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

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