

UCC-1 Form

FILER INFORMATION

Full name: **ATTN: UCC RECORDING DEPARTMENT**

Email Contact at Filer: **ORDERS@ADELANTECORPSERVICES.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **ADELANTE CORPORATE SERVICES**

Mailing Address: **PO BOX 150517**

City, State Zip Country: **AUSTIN, TX 78715 USA**

DEBTOR INFORMATION

Org. Name: **STONE RIDGE APARTMENTS, LLC**

Mailing Address: **138 ATWELLS AVE.**

City, State Zip Country: **PROVIDENCE, RI 02903 USA**

SECURED PARTY INFORMATION

Org. Name: **FANNIE MAE**

Mailing Address: **7272 WISCONSIN AVENUE, SUITE 1300**

City, State Zip Country: **BETHESDA, MD 20814 USA**

Org. Name: **WALKER & DUNLOP, LLC**

Mailing Address: **7272 WISCONSIN AVENUE, SUITE 1300**

City, State Zip Country: **BETHESDA, MD 20814 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: FILE WITH THE SECRETARY OF STATE OF RHODE ISLAND WD/STONE RIDGE APARTMENTS

COLLATERAL

SEE SCHEDULE A TO UCC ATTACHED HERETO AND A PART HEREOF.