

UCC-1 Form

FILER INFORMATION

Full name: **JAMES A. IACOI, ES Q.**

Email Contact at Filer: **ADMIN@IACOI-LAW.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **IACOI & IACOI, ATTORNEYS AND COUNSELORS AT LAW**

Mailing Address: **171 BROADWAY**

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

DEBTOR INFORMATION

Org. Name: **CITY SIDE LANDSCAPING, LLC**

Mailing Address: **119 TUPELO HILL DRIVE**

City, State Zip Country: **CRANSTON, RI 02920 USA**

SECURED PARTY INFORMATION

Org. Name: **CC BL INVESTMENTS**

Mailing Address: **265 ATWELLS AVENUE**

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

TRANSACTION TYPE: STANDARD

COLLATERAL

ALL OF DEBTOR'S RIGHT TITLE AND INTEREST IN AND TO DESCRIBED EQUIPMENT: • MQ COMPACTOR s/n H10130 • CASE 580 s/n JJGN58SNTNC780514 • CASE 221F s/n FNH221FHNNHP04607 • CASE 21F s/n FNH021FSNNHP04232 • 4/1 BUCKET s/n H047972 • 24' BACKHOE BUCKET s/n H040091 TOGETHER WITH (I) ALL ACCESSIONS, ATTACHMENTS, ACCESSORIES, TOOLS, PARTS, SUPPLIES, REPLACEMENTS OF AND ADDITIONS TO ANY OF THE COLLATERAL DESCRIBED HEREIN, WHETHER ADDED NOW OR LATER; (II) ALL PRODUCTS AND PRODUCE OF ANY OF THE PROPERTY DESCRIBED IN THIS COLLATERAL SECTION; (III) ALL ACCOUNTS, GENERAL INTANGIBLES, INSTRUMENTS, RENTS, MONIES, PAYMENTS, AND ALL OTHER RIGHTS, ARISING OUT OF A SALE, LEASE, CONSIGNMENT OR OTHER DISPOSITION OF ANY OF SAID EQUIPMENT; (IV) ALL PROCEEDS (INCLUDING INSURANCE PROCEEDS) FROM THE SALE, DESTRUCTION, LOSS, OR OTHER DISPOSITION OF SAID EQUIPMENT, AND SUMS DUE FROM A THIRD PARTY WHO HAS DAMAGED OR DESTROYED THE COLLATERAL OR FROM THAT PARTY'S INSURER, WHETHER DUE TO JUDGMENT, SETTLEMENT OR OTHER PROCESS; AND (V) ALL RECORDS AND DATA RELATING TO ANY OF SAID EQUIPMENT, WHETHER IN THE FORM OF A WRITING, PHOTOGRAPH, MICROFILM, MICROFICHE, OR ELECTRONIC MEDIA, TOGETHER WITH ALL OF BORROWER'S RIGHT, TITLE, AND INTEREST IN AND TO ALL COMPUTER SOFTWARE REQUIRED TO UTILIZE, CREATE, MAINTAIN, AND PROCESS ANY SUCH RECORDS OR DATA ON ELECTRONIC MEDIA.