

UCC-1 Form

FILER INFORMATION

Full name: **THOMAS W. MADONNA, ESQUIRE**

Email Contact at Filer: **CATHY@MADONNALAWFIRM.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **LAW OFFICES OF THOMAS W. MADONNA**

Mailing Address: **70 JEFFERSON BOULEVARD, SUITE 101**

City, State Zip Country: **WARWICK, RI 02888 USA**

DEBTOR INFORMATION

Org. Name: **MAST PROPERTIES, LLC**

Mailing Address: **9 POWDER HILL ROAD**

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

Org. Name: **N/A**

Mailing Address: **N/A**

City, State Zip Country: **N/A, RI N/A USA**

SECURED PARTY INFORMATION

Org. Name: **STORMFIELD SPV I, LLC**

Mailing Address: **200 PEQUOT AVENUE**

City, State Zip Country: **SOUTHPORT, CT 06890 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

ALL ASSETS OF DEBTOR, NOW OWED TO HEREAFTER ACQUIRED