

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **CORPORATION SERVICE COMPANY**

*Email Contact at Filer:* **RISOSUCCFILINGSV3@CSCGLOBAL.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **CORPORATION SERVICE COMPANY**

*Mailing Address:* **801 ADLAI STEVENSON DRIVE**

*City, State Zip Country:* **SPRINGFIELD, IL 62703 USA**

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## DEBTOR INFORMATION

*Org. Name:* **JACAVONE MANAGEMENT CORPORATION, LLC**

*Mailing Address:* **275 SCITUATE AVE**

*City, State Zip Country:* **JOHNSTON, RI 02919 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **WELLS FARGO VENDOR FINANCIAL SERVICES, LLC**

*Mailing Address:* **PO BOX 35701**

*City, State Zip Country:* **BILLINGS, MT 59107 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: 450-9845800-002 2718 81691**

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## COLLATERAL

THIS FINANCING STATEMENT COVERS THE EQUIPMENT AND OTHER ASSETS DESCRIBED BELOW AND/OR ON ANY ANNEX, SCHEDULE AND/OR EXHIBIT HERETO (WHICH IS TO BE CONSIDERED AN INTEGRAL PART HEREOF), PLUS ALL EXISTING AND FUTURE REPLACEMENTS, EXCHANGES AND SUBSTITUTIONS THEREFOR, ATTACHMENTS, ACCESSORIES, ACCESSIONS AND ADDITIONS THERETO, AND INSURANCE, LEASE, SUBLEASE AND OTHER PROCEEDS THEREOF. EQUIPMENT: 1 BOBCAT T66 R SERIES S/N B4SB37034