

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **CSC**

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

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **CSC**

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

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

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## DEBTOR INFORMATION

*Org. Name:* **M.S. WALKER OF RHODE ISLAND, INC.**

*Mailing Address:* **975 UNIVERSITY AVENUE**

*City, State Zip Country:* **NORWOOD, MA 02062 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **CITIZENS BANK, N.A., AS ADMINISTRATIVE AGENT**

*Mailing Address:* **28 STATE STREET**

*City, State Zip Country:* **BOSTON, MA 02109 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: FILE WITH: RI SECRETARY OF STATE 45864809-2**

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## COLLATERAL

ALL ASSETS OF THE DEBTOR, WHEREVER LOCATED, NOW OR HEREAFTER ACQUIRED AND ALL PROCEEDS THEREOF.