

UCC-1 Form

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**

DEBTOR INFORMATION

Org. Name: **GEM PLUMBING & HEATING Co., LLC**

Mailing Address: **695 GEORGE WASHINGTON HWY, SUITE B**

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

SECURED PARTY INFORMATION

Org. Name: **BARINGS FINANCE LLC, AS ADMINISTRATIVE AGENT AND COLLATERAL AGENT**

Mailing Address: **300 SOUTH TRYON ST., SUITE 2500**

City, State Zip Country: **CHARLOTTE, NC 28202 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: TO BE FILED WITH THE STATE OF RHODE ISLAND 37564.004 45905048-1

COLLATERAL

ALL ASSETS OF THE DEBTOR, WHETHER NOW OWNED OR EXISTING OR HEREAFTER ACQUIRED OR ARISING AND WHEREVER LOCATED.