

UCC-1 Form

FILER INFORMATION

Full name: **RYAN CONDON**

Email Contact at Filer: **CMLSERVICING@CENTREVILLEBANK.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CENTREVILLE BANK**

Mailing Address: **1218 MAIN STREET**

City, State Zip Country: **WEST WARWICK, RI 02893 USA**

DEBTOR INFORMATION

Org. Name: **J ZARRELLA PLUMBING AND HEATING CO INC**

Mailing Address: **170 MACKLIN STREET**

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

Org. Name: **A&C HOLDINGS INC**

Mailing Address: **28 ROLLING MEADOW WAY**

City, State Zip Country: **NORTH KINGSTOWN, RI 02852 USA**

SECURED PARTY INFORMATION

Org. Name: **CENTREVILLE BANK**

Mailing Address: **1218 MAIN STREET**

City, State Zip Country: **WEST WARWICK, RI 02893 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: JZARRELLA PLUMBING AND HEATING CO INC

COLLATERAL

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