UCC-1 Form

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**

DEBTOR INFORMATION

Org. Name: **COMMERCIAL PAINTING, INC.**

Mailing Address: **75 BEVERAGE HILL AVE**

City, State Zip Country: **PAWTUCKET, RI 02860 USA**

Last Name (i.e. Family Name or Surname): **MOREL** *First Name:* **STEPHEN** *Middle Name:* **A**

Mailing Address: **8 PRINCESS PINE RD**

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

SECURED PARTY INFORMATION

Org. Name: **QUICK BRIDGE FUNDING, LLC**

Mailing Address: **410 EXCHANGE, SUITE 150**

City, State Zip Country: **IRVINE, CA 92602 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2780 86638

COLLATERAL

ALL ACCOUNTS AND ACCOUNTS RECEIVABLE OF THE DEBTOR, WHETHER NOW OWNED OR HEREAFTER ACQUIRED AS SUCH TERMS MAY BE DEFINED IN THE UNIFORM COMMERCIAL CODE. FOR NEW JERSEY, THE COLLATERAL DESCRIBED IS WITHIN THE SCOPE OF ARTICLE 9 AS ADOPTED BY N.J. PURSUANT TO 12A:9-102 AND 12A:9-109.