

# UCC-1 Form

---

## FILER INFORMATION

*Full name:* **STEVEN P DELUCA, ES Q.**

*Email Contact at Filer:* **SPLAMONDON@WDGLAW.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **WIECK & DELUCA INCORPORATED**

*Mailing Address:* **ONE TURKS HEAD PLACE, SUITE 1300**

*City, State Zip Country:* **PROVIDENCE, RI 02903 USA**

---

## DEBTOR INFORMATION

*Org. Name:* **SOUTH COUNTY POST & BEAM, INC.**

*Mailing Address:* **521 LIBERTY LANE**

*City, State Zip Country:* **WEST KINGSTOWN, RI 02892 USA**

---

## SECURED PARTY INFORMATION

*Org. Name:* **BANK RHODE ISLAND**

*Mailing Address:* **ONE TURKS HEAD PLACE**

*City, State Zip Country:* **PROVIDENCE, RI 02903 USA**

---

## TRANSACTION TYPE: STANDARD

---

## COLLATERAL

ALL ASSETS.