

UCC-1 Form

FILER INFORMATION

Full name: **DONNELL HURT**

Email Contact at Filer: **COMMERCIALSERVICES@HARBORONE.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **HARBORONE BANK**

Mailing Address: **770 OAK STREET**

City, State Zip Country: **BROCKTON, MA 02301 USA**

DEBTOR INFORMATION

Org. Name: **QUETTA INSURANCE AGENCY, LLC**

Mailing Address: **400 RESERVOIR AVE**

City, State Zip Country: **PROVIDENCE, RI 02907 USA**

SECURED PARTY INFORMATION

Org. Name: **HARBORONE BANK**

Mailing Address: **770 OAK STREET**

City, State Zip Country: **BROCKTON, MA 02301 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

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