

UCC-1 Form

FILER INFORMATION

Full name: **CRYSTAL OLIVEIRA**

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

SEND ACKNOWLEDGEMENT TO

Contact name: **HARBORONE BANK**

Mailing Address: **HARBORONE BANK**

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

DEBTOR INFORMATION

Org. Name: **DELIVERY MANAGEMENT SERVICES INC**

Mailing Address: **PO Box 19539**

City, State Zip Country: **JOHNSTON, RI 02919-0539 USA**

SECURED PARTY INFORMATION

Org. Name: **HARBORONE BANK**

Mailing Address: **770 OAK STREET**

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

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 3562602932 \$35,650

COLLATERAL

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