

UCC-1 Form

FILER INFORMATION

Full name: **EILEEN K. TOBIN, CORPORATE PARALEGAL**

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City, State Zip Country: **PROVIDENCE, RI 02908 USA**

DEBTOR INFORMATION

Org. Name: **FURNACE & DUCT SUPPLY Co., INC.**

Mailing Address: **635 ELMWOOD AVENUE**

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

SECURED PARTY INFORMATION

Last Name (i.e. Family Name or Surname): **MCENERY** First Name: **CARLEY**

Mailing Address: **1147 GREAT ROAD**

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

Last Name (i.e. Family Name or Surname): **JAENSCH** First Name: **CHELSEA**

Mailing Address: **82 ROBINCREST COURT**

City, State Zip Country: **SEEKONK, MA 02771 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: MCJOH/47660

COLLATERAL

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