

# UCC-1 Form

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## 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

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## DEBTOR INFORMATION

*Org. Name:* RHODE ISLAND SCHOOL OF DESIGN

*Mailing Address:* TWO COLLEGE STREET

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

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## SECURED PARTY INFORMATION

*Org. Name:* CORPORATION SERVICE COMPANY, AS REPRESENTATIVE

*Mailing Address:* PO BOX 2576 UCCSPREP@CSCINFO.COM

*City, State Zip Country:* SPRINGFIELD, IL 62708 USA

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## TRANSACTION TYPE: STANDARD

## CUSTOMER REFERENCE: 2917 77619

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## COLLATERAL

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