

UCC-1 Form

FILER INFORMATION

Full name: **PETER A. SAULINO, ESQUIRE**

Email Contact at Filer: **MREFFELT@SAULINOANDSILVIA.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **MECHANICS COOPERATIVE BANK**

Mailing Address: **470 MYLES STANDISH BOULEVARD**

City, State Zip Country: **TAUNTON, MA 02780 USA**

DEBTOR INFORMATION

Org. Name: **DIVINE INVESTMENTS, INC.**

Mailing Address: **222 BROADWAY**

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

SECURED PARTY INFORMATION

Org. Name: **MECHANICS COOPERATIVE BANK**

Mailing Address: **470 MYLES STANDISH BOULEVARD**

City, State Zip Country: **TAUNTON, MA 02780 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: PROPERTY ADDRESS: 0 THERESA AVENUE, JOHNSTON, RI

COLLATERAL

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