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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: 770 OAK STREET

City, State Zip Country: BROCKTON, MA 02301 USA

DEBTOR INFORMATION

Org. Name: HOME AGAIN CONSIGNMENT INC

Mailing Address: 941 NAMQUID DRIVE

City, State Zip Country: WARWICK, RI 02888-5139 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: \$10,000

COLLATERAL

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