

UCC-1 Form

FILER INFORMATION

Full name: **JEFF WRIGHT**

Email Contact at Filer: **JWRIGHT@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: **KSL-SK,**

Mailing Address: **1405 DOUGLAS AVENUE**

City, State Zip Country: **NORTH PROVIDENCE, RI 02904 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: 13887100011034

COLLATERAL

ALL ASSETS