

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **STEVEN P. DELUCA ES Q.**

*Email Contact at Filer:* **SPLAMONDON@WDGLAW.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **WIECK & DELUCA INCORPORATED**

*Mailing Address:* **ONE TURKS HEAD PLACE, SUITE 1300**

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

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## DEBTOR INFORMATION

*Org. Name:* **DV IV, LLC**

*Mailing Address:* **PO BOX 6187**

*City, State Zip Country:* **WARWICK, RI 02887 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **BANK RHODE ISLAND**

*Mailing Address:* **ONE TURKS HEAD PLACE**

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

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## TRANSACTION TYPE: STANDARD

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## COLLATERAL

ALL ASSETS OWNED BY DEBTOR AND LOCATED AT OR USED OR USEABLE IN CONNECTION WITH THE REAL PROPERTY AND IMPROVEMENTS LOCATED AT 35 DOWLING VILLAGE BLVD., NORTH SMITHFIELD, RHODE ISLAND.