

# UCC-1 Form

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## FILER INFORMATION

Full name: **CSC**

Email Contact at Filer: **RISOSUCCFILINGSV3@CSCGLOBAL.COM**

## SEND ACKNOWLEDGEMENT TO

Contact name: **CSC**

Mailing Address: **801 ADLAI STEVENSON DRIVE**

City, State Zip Country: **SPRINGFIELD, IL 62703 USA**

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## DEBTOR INFORMATION

Org. Name: **GENESIS ENTERPRISES LLC**

Mailing Address: **634 PLAINFIELD ST**

City, State Zip Country: **PROVIDENCE, RI 02909 USA**

Last Name (i.e. Family Name or Surname): **PICHARDO** First Name: **DAYANARA** Middle Name: **ESTRELLA**

Mailing Address: **95 WAVERLY ST APT 1**

City, State Zip Country: **PROVIDENCE, RI 02907 USA**

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## SECURED PARTY INFORMATION

Org. Name: **VIAMERICAS CORPORATION**

Mailing Address: **2100 PONCE DE LEON BLVD PH 2**

City, State Zip Country: **CORAL GABLES, FL 33134 USA**

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## TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: **51100578-1**

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## COLLATERAL

THE COLLATERAL IN WHICH AGENTS/DEBTORS GRANTS VIAMERICAS CORPORATION A SECURITY INTEREST CONSISTS OF ALL AGENT'S/DEBTOR'S PRESENTLY OWNED, FUTURE AND HEREAFTER ACQUIRED ACCOUNTS, CHATTEL PAPER, NEGOTIABLE INSTRUMENTS INCLUDING, BUT NOT LIMITED TO, CHECKS, CASH, CASH DEPOSIT ACCOUNTS, INVENTORY, FURNITURE, TRADE FIXTURES, EQUIPMENT, PREMISES LEASE, AND GENERAL TANGIBLES AND INTANGIBLES WHERESOEVER LOCATED, TOGETHER WITH ALL OF THE PROCEEDS AND PRODUCTS OF EACH, INCLUDING, BUT NOT LIMITED TO, THE PROCEEDS PAYABLE UNDER AND UPON ANY INSURANCE POLICIES INSURING ANY OF THE AFOREMENTIONED COLLATERAL AGAINST LOSS.