

# UCC-1 Form

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**FILER INFORMATION**

*Full name:* **CORPORATION SERVICE COMPANY**

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

**SEND ACKNOWLEDGEMENT TO**

*Contact name:* **CORPORATION SERVICE COMPANY**

*Mailing Address:* **801 ADLAI STEVENSON DRIVE**

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

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**DEBTOR INFORMATION**

*Org. Name:* **POTOWOMUT GOLF CLUB, INC.**

*Mailing Address:* **439 IVES RD**

*City, State Zip Country:* **WARWICK, RI 02818 USA**

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**SECURED PARTY INFORMATION**

*Org. Name:* **NAVITAS CREDIT CORP.**

*Mailing Address:* **201 EXECUTIVE CENTER DR STE100**

*City, State Zip Country:* **COLUMBIA, SC 29210 USA**

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**TRANSACTION TYPE: STANDARD**

**CUSTOMER REFERENCE: 3104 16572**

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**COLLATERAL**

THE ASSETS LISTED ON THE ATTACHED SCHEDULE A; WHICH IS INCORPORATED BY REFERENCE HEREIN (WHETHER NOW OWNED OR HEREINAFTER ACQUIRED, THE COLLATERAL). THE COLLATERAL SHALL INCLUDE ALL PROCEEDS (AS SUCH TERM IS DEFINED IN THE UNIFORM COMMERCIAL CODE AS PRESENTLY ADOPTED IN THE JURISDICTION HEREOF) HOWSOEVER ARISING.



50117  
Northeast Nursery

# INVOICE

Office Copy

### Remittance Address

### Commercial Distribution Center:

8 Dearborn RD., Peabody, MA 01960-3804

**Tel: (978) 535-6551 - Fax: (978) 854-4442**

**Sold  
To**

POTOWOMUT GOLF CLUB INC  
439 IVES ROAD  
WARWICK, RI 02818

**Ship  
To**

POTOWOMUT GOLF CLUB  
439 IVES ROAD  
WARWICK, RI 02818

YOUR SIGNATURE INDICATES YOUR WILLINGNESS TO PAY **1.5%** SERVICE CHARGE ON ANY INVOICE NOT PAID WITHIN THE TERM AS WELL AS COLLECTION FEES IF DEEMED NECESSARY. THIS MERCHANDISE HAS BEEN CAREFULLY COUNTED, CHECKED AND PACKED. NO CLAIMS ON SHORTAGE, BREAKAGE OR ERRORS WILL BE CONSIDERED UNLESS ATTENTION IS CALLED TO DRIVER AT TIME OF DELIVERY.

Date: \_\_\_\_\_