

Fill in this information to identify the case:

Debtor United Site Services, Inc.

United States Bankruptcy Court for the: _____ District of New Jersey
(State)Case number 25-23630

Modified Official Form 410

Proof of Claim

04/25

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filets must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	City of Providence - Tax Collector		
	Name of the current creditor (the person or entity to be paid for this claim) _____		
	Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	City of Providence - Tax Collector City of Providence - Law Department 444 Westminster Street Suite 220 Providence, RI 02903, Providence	City of Providence - Tax Collector City of Providence - Law Department 444 Westminster Street Suite 220 Providence, RI 02903, Providence	
	Contact phone <u>401-680-5333</u>	Contact phone _____	
	Contact email <u>npoulos@providenceri.gov</u>	Contact email _____	
	Uniform claim identifier (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____/_____/_____		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>5290</u> ____
7. How much is the claim?	\$ <u>145296.38</u> . Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. <u>2025 Tangible Taxes</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature or property: <input type="checkbox"/> Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
	Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
	Amount necessary to cure any default as of the date of the petition: \$ _____
	Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____



<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Check all that apply:</p>	<p>Amount entitled to priority</p>
	<p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</p>	\$ _____
	<p><input type="checkbox"/> Up to \$3,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).</p>	\$ _____
	<p><input type="checkbox"/> Wages, salaries, or commissions (up to \$17,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).</p>	\$ _____
	<p><input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).</p>	\$ 145296.38 _____
	<p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).</p>	\$ _____
	<p><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.</p>	\$ _____

Part 3: Sign Below

**The person completing
this proof of claim must
sign and date it.**

If you file this claim electronically, FRBP 5005(a)(3) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.

18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 02/18/2026
MM / DD / YYYY

/s/Nicholas Poulos
Signature

Print the name of the person who is completing and signing this claim:

Name Nicholas Poulos
First name Nicholas Middle name Poulos Last name

Title Associate City Solicitor

Company City of Providence - Law Department

Identify the corporate service as the company if the authorized agent is a service

Address

Contact phone _____ Email _____



Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (877) 634-7164 | International (424) 236-7220

Debtor: 25-23630 - United Site Services, Inc.		
District: District of New Jersey, Trenton Division		
Creditor: City of Providence - Tax Collector City of Providence - Law Department 444 Westminster Street Suite 220 Providence, RI, 02903 Providence Phone: 401-680-5333 Phone 2: Fax: 401-680-5520 Email: npoulos@providenceri.gov	Has Supporting Documentation: Yes, supporting documentation successfully uploaded	
	Related Document Statement:	
	Has Related Claim: No	
	Related Claim Filed By:	
	Filing Party: Authorized agent	
	Other Names Used with Debtor:	Amends Claim: No
		Acquired Claim: No
Basis of Claim: 2025 Tangible Taxes	Last 4 Digits: Yes - 5290	Uniform Claim Identifier:
Total Amount of Claim: 145296.38	Includes Interest or Charges: No	
Has Priority Claim: Yes	Priority Under: 11 U.S.C. §507(a)(8): 145296.38	
Has Secured Claim: No	Nature of Secured Amount: Value of Property:	
Amount of 503(b)(9): No	Annual Interest Rate:	
Based on Lease: No	Arrearage Amount: Basis for Perfection:	
Subject to Right of Setoff: No	Amount Unsecured:	
Submitted By: Nicholas Poulos on 18-Feb-2026 9:32:39 a.m. Pacific Time		
Title: Associate City Solicitor		
Company: City of Providence - Law Department		



Duplicate Bill by Account

UNITED SITE SERVICES INC
UNITED SITE SERVICES INC
STE 1000
118 FLANDERS RD
WESTBOROUGH MA 01581

AC99335290
ACCOUNT NO: 99335290

2025 TAX DUE:	\$145,296.38
2025 INTEREST DUE:	\$0.00

PRIOR YEARS TAXES DUE:	\$0.00
PRIOR YEARS INTEREST DUE:	\$0.00

TOTAL AMOUNT DUE:	\$145,296.38
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DESCRIPTION

	<u>QTR1</u>	<u>QTR2</u>	<u>QTR3</u>	<u>QTR4</u>
	07/24/2025	10/24/2025	01/24/2026	04/24/2026

TANGIBLE TAX:	\$145,296.38		\$72,648.19	\$72,648.19
INTEREST:				
PENALTY/CHARGES:				
SUB TOTAL:				
TOTAL CREDITS:				
TOTAL PAYMENTS:	\$145,296.38	\$72,648.19	\$72,648.19	
TOTAL AMOUNT DUE :	\$145,296.38		\$72,648.19	\$72,648.19

- Make Payment Payable to: City Collector
- Electronic Payment at: www.providence.gov/collector

- Mail Payment to: City Collector, 25 Dorrance St, Room 203 Providence, RI 02903
- Do Not Mail Cash