

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [Optional] Cheryl A. Fallon 401.453.2300	
B. SEND ACKNOWLEDGMENT TO: [Name and Address] Thomas S. Hemmendinger, Esq. Brennan, Recupero, Cascione, Scungio & McAllister, LLP 362 Broadway Providence, RI 02909	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME Two Forty-Four Wickenden, Inc.				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 244 Wickenden Street		CITY Providence	STATE RI	POSTAL CODE 02903
1d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND		1e. TYPE OF ORGANIZATION corporation	1f. JURISDICTION OF ORGANIZATION Rhode Island	
ADD'L INFO RE ORGANIZATION DEBTOR		1g. ORGANIZATIONAL ID #, if any 85284		☐ NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME: - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME Z-Bar and Grille				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS 244 Wickenden Street		CITY Providence	STATE RI	POSTAL CODE 02903
2d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND		2e. TYPE OF ORGANIZATION corporation	2f. JURISDICTION OF ORGANIZATION Rhode Island	
ADD'L INFO RE ORGANIZATION DEBTOR		2g. ORGANIZATIONAL ID #, if any 85284		☐ NONE

3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME Credit Union Central Falls				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 1005 Douglas Pike, Attn: Commercial Lending		CITY Smithfield	STATE RI	POSTAL CODE 02917
		COUNTRY USA		

4. This FINANCING STATEMENT covers the following collateral:

All of Debtor's personal property and fixtures, now owned and hereafter acquired by Debtor or in which Debtor has or may hereafter acquire an interest, whether now existing or hereafter arising, including the following, and all proceeds and products thereof: inventory, equipment, fixtures, accounts, general intangibles, chattel paper, instruments, documents, deposit accounts, letter-of-credit rights, investment property, and all books and records relating to any of the foregoing.

To be filed with the Secretary of State's Office for the State of Rhode Island

5. ALTERNATIVE DESIGNATION (if applicable): ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOB ☐ SELLER/BUYER ☐ AG LIEN ☐ NON-UCC FILING

6. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]

7. TO REQUEST A SEARCH REPORT, FILE A UCC11

8. OPTIONAL FILER REFERENCE DATA: