* U C C 1 1 *

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT [optional]	FILING OFFICE ACCT #
Joseph Raheb (401) 333-3377	

B. RETURN TO: (Name and Address)

Joseph Raheb, Esq.
650 Washington Hwy.
Lincoln, RI 02865

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME
AMERICAN TOOL COMPANY

OR

1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

2. INFORMATION OPTIONS RELATING TO UCC FILINGS & OTHER NOTICES ON FILE IN FILING OFFICE THAT INCLUDE AS A DEBTOR NAME THE NAME IDENTIFIED IN ITEM 1:

2a. SEARCH RESPONSE ☐ CERTIFIED (Optional)
Select One of the Following:
☐ ALL (Check this box to request a response that is complete, including filings that have lapsed.)
☑ UNLAPSED

2b. COPY REQUEST ☐ CERTIFIED (Optional)
Select One of the Following:
☐ ALL
☑ UNLAPSED

2c. SPECIFIED COPIES ONLY ☐ CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)

3. ADDITIONAL SERVICES

4. DELIVERY INSTRUCTIONS (request will be filled by mail sent to address shown in item B unless otherwise instructed here):

4a. ☑ Pick Up

4b. ☐ Other _____

Specify desired method here (if available from this office); provide delivery information (e.g., delivery service's name, addressee's account# with delivery service, addressee's phone#, etc.)

(1)FILING OFFICE COPY — RHODE ISLAND INFORMATION REQUEST (FORM UCC11) (REV. 06/18/01)