

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [Optional]
B. SEND ACKNOWLEDGMENT TO: [Name and Address]
William R. Harvey, Esquire Harvey, Carr & Hadfield 47 Long Wharf Mall Newport, RI 02840

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				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
Berg		Nathaniel		
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
3 Circuit Drive		Warren	RI	02885 USA
1d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	
			1g. ORGANIZATIONAL ID #, if any	
			<input checked="" type="checkbox"/> 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				
OR				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
2d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	
			2g. ORGANIZATIONAL ID #, if any	
			<input type="checkbox"/> 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				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
Berg		Geoffrey		
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
3 Circuit Drive		Warren	RI	02885 USA

4. This FINANCING STATEMENT covers the following collateral:

Fishing Vessel Emily F. Manning, RI Registration #5263L

1. All her apparel, furniture, fittings, tools, pumps, equipment, electronic and navigational equipment and supplies, winches, safety equipment, anchors, chain, tackle, dock lines and any other appurtenances and accessories and additions, which shall include but not be limited to 800 lobster traps and trap tags; and

2. Together with any and all state fisheries license and permits (including Multi-Purpose License #MPURP000118), however held, the permit history thereof, state fisheries catch allocations or quotas, species quotas or fishing days, or any other fisheries catch entitlement or allocation, however set or established, by the State of Rhode Island, whatsoever.

5. ALTERNATIVE DESIGNATION (if applicable): ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ 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:

RI Secretary of State