

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [Optional] <b>Stephen P. Levesque (401-490-4900)</b>
B. SEND ACKNOWLEDGMENT TO: [Name and Address]  <b>Stephen P. Levesque, Esq. Attn. Nicole Ursillo 160 Burnside Street Cranston, RI 02910</b>

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 <b>Power</b>		FIRST NAME <b>Joseph</b>		MIDDLE NAME <b>M.</b>	SUFFIX	
1c. MAILING ADDRESS <b>600 Main Street</b>			CITY <b>Walpole</b>	STATE <b>MA</b>	POSTAL CODE <b>02081</b>	COUNTRY <b>USA</b>
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 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 <b>APGDCG, LLC</b>						
OR						
3b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS <b>11 Quail Run Road</b>			CITY <b>Bellingham</b>	STATE <b>MA</b>	POSTAL CODE <b>02019</b>	COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

**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:

## List of furniture, fixtures and equipment

### Kitchen

Glennaire two-door stainless refrigerator  
Chest freezer  
Microwave  
Proctor-Silex coffee-maker  
Electric skillet (2)  
Cutting board  
Metal shelving  
Assorted cutlery and utensils  
Mop bucket, wringer&mop  
3-bay sink  
Hand sink  
Mop sink

### Back room

Tables (7)  
High chairs (3)  
Chairs (14)  
DJ booth  
Air conditioner  
Sony 35" flat screen TV  
Assorted vendor lights and mirrors  
Pool table (D&B Amusement)

### Front bar room

Dell 42" flat screen TV  
Air conditioner



Conventional TVs (2)  
Microwave  
Assorted vendor mirrors&wall decorat  
Coolers (2)  
Draft system, keg storage, and cooler  
3-bay sink  
Soda distribution system  
Dishwasher  
Cash register  
LED display  
Manitowoc ice machine  
Jukebox (D&B Amusement)  
Trivia machine (D&B Amusement)  
Hand truck  
Cutting board  
Tables (4)  
High chairs (12)  
Chairs (12)  
Stools (12)

### Miscellaneous-----

Lottery system (to be transferred)  
Security system (to be transferred)

