

UCC-1 Form

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CONTACT INFORMATION

Contact name: **EDMOND SHABO**
Street #1: **1512 ATWOOD AVE.**
City: **JOHNSTON** State: **RI** ZIP: **02919** Country: **USA**
Notification Method: **E-Mail** Email: **miladshabo@aol.com**

DEBTOR INFORMATION

Org. Name: **858 LLC**
Org. Type: **LLC** Jurisdiction: **RI** Org. ID: **132267**
Mailing Address1: **1325 BROAD STREET**
City: **CENTRAL FALLS** State: **RI** ZIP: **02863** Country: **USA**

SECURED PARTY INFORMATION

Last Name: **SHABO** First: **EDMOND**
Mailing Address1: **1512 ATWOOD AVE.**
City: **JOHNSTON** State: **RI** ZIP: **02919** Country: **USA**

TRANSACTION TYPE:

COLLATERAL

Liquor License, All inventory and goods, All equipment leased on behalf of 858 LLC from leaf funding, posinet computer system, all kitchen equipment, coffe makers, all tangibles and non tangibles.