

# UCC-1 Form

Filing Number: **200806137030** Filing Date: **4/4/2008 3:57:40 PM**

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## FILER INFORMATION

Full name: **BOWEN'S WHARF CO., INC.** Phone: **401-849-2243**

## CONTACT INFORMATION

Contact name: **BOWEN'S WHARF CO., INC.**

Street #1: **P. O. BOX 60**

City: **NEWPORT** State: **RI** ZIP: **02840** Country: **USA**

Notification Method: **E-Mail** Email: **smh@bowenswharf.com**

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## DEBTOR INFORMATION

Org. Name: **CATHERS & COYNE, INC.**

Org. Type: **RETAIL** Jurisdiction: **RI** Org. ID: **000123476**

Mailing Address1: **18 BOWEN'S WHARF**

City: **NEWPORT** State: **RI** ZIP: **02840** Country: **USA**

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## SECURED PARTY INFORMATION

Org. Name: **BOWEN'S WHARF CO., INC.**

Mailing Address1: **P. O. BOX 60**

City: **NEWPORT** State: **RI** ZIP: **02840** Country: **USA**

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## TRANSACTION TYPE:

### COLLATERAL

All non-inventory items of personal property, including fixtures situated on the following described premises:  
18 Bowen's Wharf, Newport, RI