UCC-1 Form

FILER INFORMATION

Full name: **KELLY OLSON** *Phone:* **(401)845-8763**

CONTACT INFORMATION

Contact name: **SARA HIEBNER**

Street #1: **500 WEST MAIN ROAD**

City: **MIDDLETOWN** *State:* **RI** *ZIP:* **02842** *Country:* **USA**

Notification Method: **E-MAIL** *Email:* **KELLY.OLSON@BANKNEWPORT.COM**

DEBTOR INFORMATION

Org. Name: **WOODS CPA, LTD**

Org. Type: **CORPORATION** *Jurisdiction:* **RI** *Org. ID:* **000137115**

Mailing Address1: **575 EAST MAIN ROAD**

City: **MIDDLETOWN** *State:* **RI** *ZIP:* **02842** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **BANKNEWPORT**

Mailing Address1: **500 WEST MAIN ROAD**

City: **MIDDLETOWN** *State:* **RI** *ZIP:* **02842** *Country:* **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL
All machinery, equipment, furniture, fixtures, inventory and accounts receivable now owned or hereafter acquired.