

UCC-1 Form

FILER INFORMATION

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

CONTACT INFORMATION

Contact name: **TIMOTHY MANEY**

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

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

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

DEBTOR INFORMATION

Org. Name: **INNERLIGHT ASSOCIATES, INC**

Org. Type: **FOREIGN CORPORATION** Jurisdiction: **DE** Org. ID: **000526272**

Mailing Address1: **850 AQUIDNECK AVE**

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

SECURED PARTY INFORMATION

Org. Name: **BANKNEWPORT**

Mailing Address1: **500 WEST MAIN RD**

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.