## **UCC-1 Form**

## FILER INFORMATION

Full name: SUSAN CLARK Phone: 401-845-8724

**CONTACT INFORMATION** 

Contact name: PAUL DISANTO
Street #1: 184 JOHN CLARKE RD

City: MIDDLETOWN State: RI ZIP: 02842 Country: USA
Notification Method: E-MAIL Email: SUSAN.CLARK@BANKNEWPORT.COM

**DEBTOR INFORMATION** 

Org. Name: ATLANTIC SUPPLY, LLC Mailing Address1: 1000 TIOGUE AVENUE

City: COVENTRY State: RI ZIP: 02816 Country: USA

SECURED PARTY INFORMATION

Org. Name: BANKNEWPORT

Mailing Address1: 184 JOHN CLARKE RD

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

TRANSACTION TYPE: STANDARD

**COLLATERAL IS / ADMINISTERED BY:** 

**ALTERNATIVE DESIGNATION:** 

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