

UCC-1 Form

FILER INFORMATION

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

CONTACT INFORMATION

Contact name: SARA HIEBNER

Street #1: 184 JOHN CLARKE RD

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

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

DEBTOR INFORMATION

Org. Name: POST ALL, INC

Mailing Address1: 1151 AQUIDNECK AVE

City: MIDDLETOWN State: RI ZIP: 02842 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.