	į.			
B. E-MAIL CONTACT AT FILER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Thomas J. Liguori, Jr.	7			
P.O. Box 513				
Westerly, RI 02891				
	⅃ ┃			
. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use			R FILING OFFICE USE	
name will not fit in line 1b, leave all of item 1 blank, check here	nd provide the Individual Debtor information in item			
1a. ORGANIZATION'S NAME Mystic Books, Inc.				
R 15. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
		I		1
	CITY	STATE	POSTAL CODE	COUNTRY
53 W. Main Street	Mystic	ст	06355	USA
53 W. Main Street DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use	Mystic	CT	06355 's name); if any part of the ir	US/
53 W. Main Street DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use	Mystic exact, full name; do not omit, modify, or abbreviate	CT	06355 's name); if any part of the ir	US/
53 W. Main Street DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use name will not fit in line 2b, leave all of item 2 blank, check here as 2a. ORGANIZATION'S NAME	Mystic exact, full name; do not omit, modify, or abbreviate and provide the Individual Debtor information in item	CT any part of the Debtor 0 of the Financing Sta	06355 Is name); if any part of the Ir atement Addendum (Form U	US/
53 W. Main Street DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use name will not fit in line 2b, leave all of item 2 blank, check here are	Mystic exact, full name; do not omit, modify, or abbreviate	CT any part of the Debtor 0 of the Financing Sta	06355 's name); if any part of the ir	US/
53 W. Main Street DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use name will not fit in line 2b, leave all of item 2 blank, check here as 2a. ORGANIZATION'S NAME	Mystic exact, full name; do not omit, modify, or abbreviate and provide the Individual Debtor information in item	CT any part of the Debtor 0 of the Financing Sta	06355 's name); if any part of the Ir atement Addendum (Form U	CC1Ad)
53 W. Main Street DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use name will not fit in line 2b, leave all of item 2 blank, check here as a 2a. ORGANIZATION'S NAME R 2b. INDIVIDUAL'S SURNAME	Mystic exact, full name; do not omit, modify, or abbreviate and provide the Individual Debtor information in item FIRST PERSONAL NAME	CT any part of the Debtor 0 of the Financing Sta	06355 Is name); if any part of the Ir atement Addendum (Form U	USA ndividual Debto CC1Ad)
53 W. Main Street DEBTOR'S NAME: Provide only one Debtor name (2e or 2b) (use name will not fit in line 2b, leave all of item 2 blank, check here as 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN	Mystic exact, full name; do not omit, modify, or abbreviate and provide the Individual Debtor information in item FIRST PERSONAL NAME CITY	CT any part of the Debtor 0 of the Financing Sta ADDITION STATE	06355 's name); if any part of the Ir aternent Addendum (Form UNAL NAME(S)/INITIAL(S)	US/ ndividual Debte CC1Ad)
53 W. Main Street DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use name will not fit in line 2b, leave all of item 2 blank, check here are all 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME C. MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE OF	Mystic exact, full name; do not omit, modify, or abbreviate and provide the Individual Debtor information in item FIRST PERSONAL NAME CITY	CT any part of the Debtor 0 of the Financing Sta ADDITION STATE	06355 's name); if any part of the Ir aternent Addendum (Form UNAL NAME(S)/INITIAL(S)	US/ ndividual Debt CC1Ad)
53 W. Main Street DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use name will not fit in line 2b, leave all of item 2 blank, check here are all all all all all all all all all al	Mystic exact, full name; do not omit, modify, or abbreviate and provide the Individual Debtor information in item FIRST PERSONAL NAME CITY NOR SECURED PARTY): Provide only one Secured	CT any part of the Debtor 0 of the Financing Sta ADDITION STATE Party name (3a or 3b)	06355 s name); if any part of the Ir atement Addendum (Form UNAL NAME(S)/INITIAL(S) POSTAL CODE	US/ ndividual Debte CC1Ad) SUFFIX COUNTRY
53 W. Main Street DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use name will not fit in line 2b, leave all of item 2 blank, check here as 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNAME 10 Canal Street, LLC	Mystic exact, full name; do not omit, modify, or abbreviate and provide the Individual Debtor information in item FIRST PERSONAL NAME CITY	CT any part of the Debtor 0 of the Financing Sta ADDITION STATE Party name (3a or 3b)	06355 's name); if any part of the Ir aternent Addendum (Form UNAL NAME(S)/INITIAL(S)	US/ ndividual Debte CC1Ad)
53 W. Main Street DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use name will not fit in line 2b, leave all of item 2 blank, check here are all all all all all all all all all al	Mystic exact, full name; do not omit, modify, or abbreviate and provide the Individual Debtor information in item FIRST PERSONAL NAME CITY NOR SECURED PARTY): Provide only one Secured	CT any part of the Debtor 0 of the Financing Sta ADDITION STATE Party name (3a or 3b)	06355 s name); if any part of the Ir atement Addendum (Form UNAL NAME(S)/INITIAL(S) POSTAL CODE	US/ ndividual Debte CC1Ad) SUFFIX COUNTRY

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	