

UCC-1 Form

FILER INFORMATION

Full name: **KELLY PEREIRA** 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.PEREIRA@BANKNEWPORT.COM**

DEBTOR INFORMATION

Org. Name: **MALCOM COMPANY, INC**

Mailing Address1: **207 HIGH POINT AVE.**

Mailing Address2: **UNIT 7B**

City: **PORTSMOUTH** State: **RI** ZIP: **02871** 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.