

UCC-1 Form

FILER INFORMATION

Full name: DANIELLE ANTONETTI Phone: 4014532300

CONTACT INFORMATION

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City: PROVIDENCE State: RI ZIP: 02909 Country: USA
Notification Method: E-MAIL Email: DANTONETTI@BRCSM.COM

DEBTOR INFORMATION

Org. Name: ROCH'S WEST WARWICK, LLC.
Mailing Address1: 1480 MAIN STREET
City: WEST WARWICK State: RI ZIP: 02893 Country: USA

SECURED PARTY INFORMATION

Org. Name: CENTREVILLE SAVINGS BANK
Mailing Address1: 1218 MAIN STREET
Mailing Address2: ATTN: SCOTT M. SHEPPARD
City: WEST WARWICK State: RI ZIP: 02893 Country: USA

TRANSACTION TYPE: STANDARD
COLLATERAL IS / ADMINISTERED BY:
ALTERNATIVE DESIGNATION:

COLLATERAL

All of Debtor’s personal property and fixtures, now owned and hereafter acquired by Debtor or in which Debtor has or may hereafter acquire an interest, whether now existing or hereafter arising, including the following, and all proceeds and products thereof: inventory, equipment, fixtures, accounts, general intangibles, chattel paper, instruments, documents, deposit accounts, letter-of-credit rights, investment property, and all books and records relating to any of the foregoing.