

UCC-3 Form - Continuation

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FILER INFORMATION

Full name: **CORPORATION SERVICE COMPANY** Phone: **800-858-5294**

CONTACT INFORMATION

Contact name: **CSC[111038333]**

Street #1: **801 ADLAI STEVENSON DR**

City: **SPRINGFIELD** State: **IL** ZIP: **62703** Country: **USA**

Notification Method: **E-MAIL** Email: **RIUCCFILINGS@CSCINFO.COM**

DEBTOR INFORMATION

Org. Name: **SANCHEZ ENTERPRISES, INC.**

Mailing Address1: **676 BROAD STREET**

City: **PROVIDENCE** State: **RI** ZIP: **02907** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **KRASDALE FOODS, INC.**

Mailing Address1: **65 WEST RED OAK LANE**

City: **WHITE PLAINS** State: **NY** ZIP: **10604** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: