UCC FINANCING STATEMENT				
OLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)				
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-85. B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 111275109 - 385660 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703-4261 DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (ur name will not fit in line 1b, leave all of item 1 blank, check here	8-5294			
SPRFiling@cscinfo.com	:nt0.00			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	·¿Ch.			
111275109 - 385660	7			
801 Adlai Stevenson Drive				
Springfield, IL 62703-4261	Filed In: Rhode Island			
	(S.O.S.)	OVE SPACE IS FO	R FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (us name will not fit in line 1b, leave all of item 1 blank, check here	se exact, full name; do not omit, modify, or abbreviate and provide the individual Debtor information in item 1	any part of the Debtor'	s name); if any part of the tr	ndividual Del
1a. ORGANIZATION'S NAME RAM CONVENIENCE I		The Tribution of Oct	Mement Addendam (1 biji) 0	- COTAG
1b. INDIVIDUAL'S SURNAME		ADDITION	NAL ALAMEZONIA ZON	louery.
INDIVIDUAL O SUNIAME	FIRST PERSONAL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS 232 Columbus Ave	CITY	STATE	POSTAL CODE	COUNTR
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (us	Pawtucket	RI	02861	USA
name will not fit in line 2b, leave all of item 2 blank, check here	and provide the Individual Debtor information in item 1	0 of the Financing Sta	itement Addendum (Form U	CC1Ad)
2a. ORGANIZATION'S NAME Columbus Mini Mart				
Solutions with redit				
	FIRST PERSONAL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
2b. INDIVIDUAL'S SURNAME				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME CITY Pawtucket	ADDITION STATE RI	POSTAL CODE 02861	SUFFIX COUNTR USA
2b. INDIVIDUAL'S SURNAME MAILING ADDRESS 232 COlumbus Ave SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNEE	CITY Pawtucket GNOR SECURED PARTY): Provide only one Secured	STATE RI Party name (3a or 3b)	POSTAL CODE 02861	COUNTR
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2b. INDIVIDUAL'S SURNAME MAILING ADDRESS 232 COlumbus Ave SECURED PARTY'S NAME (or NAME of ASSIGNEE	CITY Pawtucket GNOR SECURED PARTY): Provide only one Secured TICE COMPANY, as REPRESENT FIRST PERSONAL NAME	STATE RI Party name (3a or 3b) FATIVE ADDITION	POSTAL CODE 02861 MAL NAME(S)/INITIAL(S)	COUNTE
2b. INDIVIDUAL'S SURNAME MAILING ADDRESS 232 Columbus Ave SECURED PARTY'S NAME (or NAME of ASSIGNEE	CITY Pawtucket GNOR SECURED PARTY): Provide only one Secured (ICE COMPANY, as REPRESENT	STATE RI Party name (3a or 3b)	POSTAL CODE 02861	COUNTE
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