

# UCC-1 Form

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## FILER INFORMATION

Full name: SUSAN CLARK      Phone: 401-845-8724

## CONTACT INFORMATION

Contact name: THOMAS BEAUCHENE

Street #1: 184 JOHN CLARKE RD

City: MIDDLETOWN      State: RI      ZIP: 02842      Country: USA

Notification Method: E-MAIL      Email: SUSAN.CLARK@BANKNEWPORT.COM

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## DEBTOR INFORMATION

Org. Name: ATLANTIC SOLUTIONS, LTD

Mailing Address1: 436 FISH RD

City: TIVERTON      State: RI      ZIP: 02878      Country: USA

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## SECURED PARTY INFORMATION

Org. Name: BANKNEWPORT

Mailing Address1: 184 JOHN CLARKE RD

City: MIDDLETOWN      State: RI      ZIP: 02842      Country: USA

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TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION:

**COLLATERAL**

All machinery, equipment, furniture, fixtures, inventory and accounts receivable now owned or hereafter acquired.