

UCC-1 Form

FILER INFORMATION

Full name: **CHRISTOPHER P. RHODES, ESQ.**

Email Contact at Filer: **CRHODES@H-RLAW.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **HARRINGTON & RHODES, LTD.**

Mailing Address: **2750 SOUTH COUNTY TRAIL**

City, State Zip Country: **EAST GREENWICH, RI 02818 USA**

DEBTOR INFORMATION

Org. Name: **SEVEN STAR PROPERTIES, LLC**

Mailing Address: **190 ADMIRAL KALBFUS ROAD**

City, State Zip Country: **NEWPORT, RI 02840 USA**

Org. Name: **SEVEN STAR, INC.**

Mailing Address: **190 ADMIRAL KALBFUS ROAD**

City, State Zip Country: **NEWPORT, RI 02840 USA**

SECURED PARTY INFORMATION

Org. Name: **OCEAN STATE BUSINESS DEVELOPMENT AUTHORITY, INC.**

Mailing Address: **155 SOUTH MAIN STREET, SUITE 403**

City, State Zip Country: **PROVIDENCE, RI 02903 USA**

ASSIGNEE INFORMATION

Org. Name: **U.S. SMALL BUSINESS ADMINISTRATION C/O OCEAN STATE BUSINESS DEVELOPMENT AUTHORITY, INC.**

Mailing Address: **155 SOUTH MAIN STREET, SUITE 403**

City, State Zip Country: **PROVIDENCE, RI 02903 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

COLLATERAL MEANS: (A) ALL EQUIPMENT AND MACHINERY, INCLUDING POWER-DRIVEN MACHINERY AND EQUIPMENT, FURNITURE AND FIXTURES NOW OWNED OR HEREAFTER ACQUIRED, TOGETHER WITH ALL REPLACEMENTS THEREOF, ALL ATTACHMENTS, ACCESSORIES, PARTS AND TOOLS BELONGING THERETO OR FOR USE IN CONNECTION THEREWITH.