RI SOS Filing Number: 201717916710 Date: 4/20/2017 2:35:00 PM UCC FINANCING STATEMENT **FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) filingacks@cscinfo.com SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1301 56315 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) name will not fit in line 1b, leave all of item 1 blank, check here 1a. ORGANIZATION'S NAME Stock Food Group, Inc. 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX POSTAL CODE COUNTRY STATE 1c. MAILING ADDRESS 308 County Road CITY Barrington RI 02806 USA 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor name will not fit in line 2b, leave all of item 2 blank, check here 🦳 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME PIZZICO RISTORANTE East Bay ADDITIONAL NAME(S)/INITIAL(S) 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUFFIX 2c. MAILING ADDRESS 308 County Road POSTAL CODE COUNTR Barrington RI 02806 USA 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME Independence Bank 36. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS 1370 South County Trail POSTAL CODE COUNTRY East Greenwich RI 02818 USA 4. COLLATERAL: This financing statement covers the following collateral: All fixtures and all tangible and intangible personal property of Debtor of every kind and description and wherever located, in each case whether now owned or hereafter acquired by Debtor, or in which Debtor may now have or hereafter acquire an interest, as well as products and proceeds of the foregoing, including, without limitation: (1) all equipment (as such term is defined in the Uniform Commercial Code ("UCC"), machinery and fixtures, including, without limitations, all processing and manufacturing equipment, machine tools, data processing and computer equipment, furniture, tools, dies, molds, motor vehicles, rolling stock, trailers, airplanes, vessels and other equipment of every kind and description, in each case whether now owned or hereafter acquired by Debtor, or in which Debtor may now have or hereafter acquire an interest; (2) all inventory (as such term is defined in the UCC), including without limitation, all merchandise, raw materials, work in process, parts, components, dies, molds, finished goods, supplies and all goods returned to or repossessed by Debtor, 5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions). being administered by a Decedent's Personal Representative 6a. Check only if applicable and check only one box. 6b. Check only if applicable and check only one box. Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Seller/Buver Baitee/Baitor Licensee/Licensor Consignee/Consignor 8. OPTIONAL FILER REFERENCE DATA:

1301 56315

UCC FINANCING STATEMENT ADDENDUM

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing S because individual Debtor name did not fit, check here	Statement; if line 1b was le	eft blank				
9a. ORGANIZATION'S NAME			1			
Stock Food Group, Inc.			ĺ			
						
R 9b. INDIVIDUAL'S SURNAME						
FIRST PERSONAL NAME						
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX				
·					IS FOR FILING OFFICE	
DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debt do not omit, modify, or abbreviate any part of the Debtor's name) and			line 1b or 2b of the F	inancing S	Statement (Form UCC1) (use	e exact, full nam
10a. ORGANIZATION'S NAME East Bay Oyster Bar			-			, <u></u>
10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
MAILING ADDRESS308 County Road	CITY			STATE	POSTAL CODE	COUNTRY
	Barringt	on		RI	02806	USA
11a. ORGANIZATION'S NAME	ASSIGNOR SECUF	CED PARTY	S NAME. Provide o	niy <u>one</u> na	ime (Tha or Thb)	
11b. INDIVIDUAL'S SURNAME	FIRST PERS	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
ADDITIONAL SPACE FOR ITEM 4 (Collateral): a each case whether now owned or hereafter in interest; B) all accounts (as such term is defined in the otes drafts, acceptances, contract rights, leas as such term is defined in the UCC), including	UCC), account	s receivab er (as such	le, other recei	vables	s, evidences of inc CC), and general	lebtednes intangible
This FINANCING STATEMENT is to be filed (for record) (or record REAL ESTATE RECORDS (if applicable)	· —	ANCING STATE	_			
Name and address of a RECORD OWNER of real estate described in ite		rs timber to be on on of real estate		extracted c	olfateral is filed as a	fixture filing
(if Debtor does not have a record interest):						
	ļ					
MISCELLANEOUS:						

UCC FINANCING STATEMENT ADDENDUM **FOLLOW INSTRUCTIONS** 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a, ORGANIZATION'S NAME Stock Food Group, Inc. 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME Decadent Catering 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(\$)/INITIAL(\$) SUFFIX 10c. MAILING ADDRESS308 County Road CITY POSTAL CODE COUNTRY 02806 Barrington RI USA ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11. ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): limitation, all guarantees, letters of credit, liens, and security interests in favor of Debtor, and all goodwill, going concern value, patents, applications for patents, trademarks, trade names, service marks, registrations of trademarks and servicemarks, customer lists, advertising materials, operating manuals, copyrights, blueprints, designs, engineering drawings and contracts, proprietary information, product lines, distribution agreements, dealer contracts, supplier contracts, tax refund claims, licenses, research and development, and all rights to the payment of money, in each case whether now owned or hereafter acquired by Debtor, or in which Debtor may now have or hereafter acquire an interest; This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: covers timber to be cut covers as-extracted collateral 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate:

Corporation Service Company 2711 Centerville Rd, Sta. 400 Wilmington, DE 19808

17. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDENDUM **FOLLOW INSTRUCTIONS** 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME Stock Food Group, Inc. 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME Famiglia E Amici, Inc. 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c MAILING ADDRESS762 Hope Street CITY POSTAL CODE COUNTRY Providence 02906 RI UŞA ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME OF 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): (4) all instruments (as such term is defined in the UCC), documents of title, policies and certificates of insurance, securities, securities entitlements, investment property, partnership interests, membership interests in limited liability companies, bank deposits, deposit accounts, checking accounts, certificates of deposit and cash, in each case whether now owned or hereafter acquired by Debtor, or in which Debtor may now have or hereafter acquire an interest; (5) all accessions, additions and improvements to, and all proceeds and products of, all of the foregoing, including proceeds of This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) covers timber to be cut covers as-extracted collateral 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate (if Debtor does not have a record interest):

Corporation Service Compan 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808

17. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDENDUM

FOLLOWINSTRUCTIONS				
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stater because Individual Debtor name did not fit, check here □	nent; if line 1b was left blank			
9a ORGANIZATION'S NAME				
Stock Food Group, Inc.				
OR CO. HIDINGS IA CO. CHIDAGAIS				
9b. INDIVIDUAL'S SURNAME	İ			
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
		THE ADOME SOACE	IS FOR FILING OFFICE	HEE ONLY
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor na	amp or Dobtor name that did not fit in line			
do not omit, modify, or abbreviate any part of the Debtor's name) and enter		ID or 20 of the Financing	Statement (Form OCC1) (us	e exact, full name;
10a. ORGANIZATION'S NAME Decadent Catering	The maning and one in the test		· · · · · · · · · · · · · · · · · · ·	
Decadent Catering				
OR 10b. INDIVIDUAL'S SURNAME				
10b, INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
i				
10c. MAILING ADDRESS 762 Hope Street	CITY	STATE	POSTAL CODE	COUNTRY
702 Hope Officer	Providence	RI	02906	USA
				100,
	SIGNOR SECURED PARTY'S NA	AME: Provide only one r	ame (11a or 11b)	
11a. ORGANIZATION'S NAME				
OR ALL MIDWIRLIANS CURNAME		· · · · · · · · · · · · · · · · · · ·		SUFFIX
115. INDIVIDUAL'S SURNAME	INDIVIDUAL'S SURNAME FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	!			
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	•	<u> </u>		J
insurance, whether now owned or hereafter acqu	ired by Debtor, or in which	Debtor may no	w have or hereafte	er acquire
an interest; and	,,	_ = = = = = = = = = = = = = = = = = = =		
an interest, and				
(6) all books, records, documents, computer tape	s and discs relating to all o	of the foregoing,	whether now own	ed or
hereafter acquired by Debtor, or in which Debtor	may now have or hereafter	r acquire an inte	rest.	
, ,	•	•		
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) i	n the 14. This FINANCING STATEMENT	•		
REAL ESTATE RECORDS (if applicable)	covers timber to be cut	covers as-extracted	collateral is filed as a	ı fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 1	1			
(if Debtor does not have a record interest):	· ·			
•				
	ļ			
	<u> </u>			
17. MISCELLANEOUS:			**	

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME Stock Food Group, Inc. 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME Gavi Trattoria 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c MAILING ADDRESS762 Hope Street POSTAL CODE COUNTRY 02906 Providence RI **USA** ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: covers timber to be cut covers as-extracted collateral is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate

Corporation Service Company 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808

17. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDENDUM **FOLLOWINSTRUCTIONS** 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a, ORGANIZATION'S NAME Stock Food Group, Inc. OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME Pizzico East Side 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS762 Hope Street STATE POSTAL CODE COUNTRY 02906 Providence RI **USA** 11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT:					
	covers timber to be cut covers as-extracted collateral is filed as a fixture filing					
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	16. Description of real estate:					
17. MISCELLANEOUS:						