

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **KATHERINE BLIGHT**

*Email Contact at Filer:* **KATHERINE.BLIGHT@BANKNEWPORT.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **BANKNEWPORT**

*Mailing Address:* **184 JOHN CLARKE ROAD**

*City, State Zip Country:* **MIDDLETOWN, RI 02842 USA**

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## DEBTOR INFORMATION

*Org. Name:* **CHC, LTD.**

*Mailing Address:* **796 AQUIDNECK AVENUE**

*City, State Zip Country:* **MIDDLETOWN, RI 02842 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **BANKNEWPORT**

*Mailing Address:* **184 JOHN CLARKE ROAD**

*City, State Zip Country:* **MIDDLETOWN, RI 02842 USA**

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## TRANSACTION TYPE: STANDARD

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## COLLATERAL

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