

UCC-1 Form

FILER INFORMATION

Full name: **KATHERINE BLIGHT**

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SEND ACKNOWLEDGEMENT TO

Contact name: **BANKNEWPORT**

Mailing Address: **184 JOHN CLARKE ROAD**

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

DEBTOR INFORMATION

Org. Name: **WINE WIZARDS, INC**

Mailing Address: **55 PAWTUCKET AVE SUITE 4**

City, State Zip Country: **RUMFORD, RI 02916 USA**

SECURED PARTY INFORMATION

Org. Name: **BANKNEWPORT**

Mailing Address: **184 JOHN CLARKE ROAD**

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

TRANSACTION TYPE: STANDARD

COLLATERAL

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