

UCC-1 Form

FILER INFORMATION

Full name: **JEAN A. HARRINGTON, ESQ.**

Email Contact at Filer: **MCADORETTE@DUFFYSWEENEY.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **DUFFY & SWEENEY, LTD.**

Mailing Address: **321 SOUTH MAIN STREET, 4TH FLOOR**

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

DEBTOR INFORMATION

Org. Name: **PT PROPERTY HOLDINGS, LLC**

Mailing Address: **321 SOUTH MAIN STREET, 4TH FLOOR**

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

Org. Name: **PT HOLDINGS, INC.**

Mailing Address: **321 SOUTH MAIN STREET, 4TH FLOOR**

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

SECURED PARTY INFORMATION

Org. Name: **THE WILSON FAMILY REVOCABLE TRUST - 1999**

Mailing Address: **438 CAMILLE DRIVE**

City, State Zip Country: **OSPREY, FL 34229 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: FILE #828-0007

COLLATERAL

ALL OF DEBTORS' RIGHTS, TITLE AND INTEREST IN AND TO THE COLLATERAL DESCRIBED IN THAT CERTAIN COLLATERAL ASSIGNMENT AND PLEDGE AND SECURITY AGREEMENT BY AND AMONG DEBTORS AND SECURED PARTY DATED APRIL 22, 2019.