

UCC-1 Form

FILER INFORMATION

Full name: **BARTLETT S. DUNBAR**

Email Contact at Filer: **JILL@BOWENSWHARF.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **BOWEN'S WHARF CO., INC.**

Mailing Address: **PO Box 60**

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

DEBTOR INFORMATION

Org. Name: **EVANSCO., INC.**

Mailing Address: **349 IDLEWYLD DRIVE**

City, State Zip Country: **FT. LAUDERDALE, FL 33301 USA**

Org. Name: **THE SAIL LOFT**

Mailing Address: **18 BOWEN'S WHARF**

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

SECURED PARTY INFORMATION

Org. Name: **BOWEN'S WHARF CO., INC.**

Mailing Address: **PO Box 60**

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

TRANSACTION TYPE: STANDARD

COLLATERAL

ALL NON-INVENTORY ITEMS OF PERSONAL PROPERTY, INCLUDING FIXTURES, SITUATED ON THE FOLLOWING DESCRIBED PREMISES: 18 BOWEN'S WHARF, NEWPORT, RI 02840. RECORD OWNER OF PROPERTY: BOWEN'S WHARF CO., INC.