RI SOS Filing Number: 201921363830 Date: 7/19/2019 12:03:00 PM UCC FINANCING STATEMENT **FOLLOW INSTRUCTIONS** NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 B E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com CSC 801 Adlai Stevenson Days 1 3 2 6 ks CSC Springfield, IL 62703 C SEND ACKNOWLEDGMENT TO (Name and Address) Filed In: Rhode Island (SOS) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME Provide only one Debtor name (falor tb) (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 name wit not fit in line 1b, leave all of item 1 blank, check here. 🦳 and provide the tridividual Debtor information in item, 10 of the Financing Statement Addendum (Form UCC1Ad) 18 ORGAN ZATION'S NAME Safety Management Solutions LLC 16 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAVE(S)/-NIT-AL(S) SUFFIX POSTAL CODE COUNTRY STATE 1c MALING ADDRESS 33 College Hill Road, BLDG 30B CITY RI 02886 **USA** Warwick 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's name will not fit in line 2b, leave at lift fem 2 blank, check here 🦳 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 28 ORGANIZATION'S NAME 25 INDIVIDUAL'S SURNAME FIRST PERSONAL NAVE (S)JAIT:NIN(S)EMAIN JANOITIQUA SUFFIX Stravato Louis D 2c MAILING ADDRESS 18 Jacqueline Street CITY STATE POSTAL CODE COUNTRY Providence RI 02909 USA 3 SECURED PARTY'S NAME (or NAME of ASSIGNER of ASSIGNOR SECURED PARTY). Provide only only Secured Party name (3a or 3b) 30 ORGANIZATION'S NAME PONTE INVESTMENTS LLC (S) JAITINA(S) THAN JANDITICIA 36 INDIVIDUAL'S SURNAME RST PERSONAL NAME. SULFIX STATE POSTAL CODE COUNTRY 36 MAILING ADDRESS 1300 Division Road Suite 305, Unit 1 West Warwick RI 02893 **USA** COLLATERAL This financing statement covers the following collateral No other UCC-1 Financing Statement may filed as against the Debtor subsequent or junior to this filing without first contacting PONTE INVESTMENTS LLC via mail at the address noted above. Collateral shall mean any and all fixtures, and tangible and intangible assets and/or property of the Debtor that may be currently owned or later acquired, or in which the Debtor may now have or hereafter acquire any right, title and/or interest, as well as any products and/or proceeds of the foregoing, including without limitation, all equipment, machinery and fixtures (including all processing and manufacturing equipment, machine tools, data processing and computer equipment, furniture, tools, dyes, molds, motor vehicles, rolling stock, trailers, airplanes, vessels and other equipment of every kind or description), all inventory, raw materials, work in process, parts, components, finished goods, supplies and all goods returned or repossessed, all accounts, accounts receivable, other receivables, evidence of indebtedness, notes, drafts, acceptances, contract rights

OR

and proceeds derived therefrom, leases, chattel papers and general intangibles, all instruments, documents of title, policies and certificates of insurance, securities, securities entitlements, investment property, partnership interests, membership interests, bank deposits, depository accounts, checking accounts, certificates of deposit and cash, all 5. Check <u>poly</u> if applicable and check <u>poly</u> one box. Collateral is. \_\_\_\_held in a Trust (see UCC1Ad litem 17 and instructions). being administered by a Decedent's Personal Representative. 6a. Check only if applicable and check only one box Check only if applicable and check only one box Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Non-JCC Filing Agricultural Lien 7 ALTERNATIVE DESIGNATION (if applicable) Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor \_\_\_\_ Licensee/Licensor **8 OPTIONAL FILER REFERENCE DATA** 1671 57177 FILING OFFICE COPY - UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

## UCC FINANCING STATEMENT ADDENDUM

| NAME OF FIRST DEBTOR. Same as not to or Financing Statement if the 16 was left blank recause individual botton name did not fit, creat here []  Salo REGARDATIONS NAME  Safety Management Solutions LLC  BIOLINOVIOUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SIAN TIALIS)  DEBTOR'S NAME Provide (10a or 103) only gog additional Debter name or Debter name that did not fit in linet 15 or on to thin, modify or abbreviate any part of the Debter's name and enter the making address in line 10c.  The INDIVIDUAL'S SURNAME  INDIVIDUAL'S SURNAME  INDIVIDUAL'S SURNAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  E-WALLING ADDRESS  CITY  ADDITIONAL SECURED PARTY'S NAME of Text and survey and provided and fit in linet 15 or on the 15 or one of the 15  |                            |  |                  |
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