

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

|                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A NAME &amp; PHONE OF CONTACT AT FILER (optional)</b><br>CSC 1-800-858-5294                                                                                                                       |
| <b>B E-MAIL CONTACT AT FILER (optional)</b><br>SPRFiling@cscglobal.com                                                                                                                               |
| <b>C SEND ACKNOWLEDGMENT TO (Name and Address)</b><br><br>1678 08281<br>CSC<br>801 Adlai Stevenson Drive<br>Springfield, IL 62703<br><br>filingacks@cscinfo.com<br>Filed in: Rhode Island<br>(S O S) |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. **DEBTOR'S NAME** Provide only one Debtor name (1a or 1b) (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 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad).

|                                                            |                         |                     |                               |                                        |
|------------------------------------------------------------|-------------------------|---------------------|-------------------------------|----------------------------------------|
| 1a ORGANIZATION'S NAME Sully's Quality Bread and Rolls Inc |                         |                     |                               |                                        |
| OR                                                         | 1b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                                 |
| 1c MAILING ADDRESS                                         | 101 Bristol Ave         | CITY<br>Pawtucket   | STATE<br>RI                   | POSTAL CODE<br>02861<br>COUNTRY<br>USA |

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 all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad).

|                        |                         |                     |                               |                        |
|------------------------|-------------------------|---------------------|-------------------------------|------------------------|
| 2a ORGANIZATION'S NAME |                         |                     |                               |                        |
| OR                     | 2b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                 |
| 2c MAILING ADDRESS     |                         | CITY                | STATE                         | POSTAL CODE<br>COUNTRY |

3. **SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY):** Provide only one Secured Party name (3a or 3b)

|                                             |                         |                     |                               |                                        |
|---------------------------------------------|-------------------------|---------------------|-------------------------------|----------------------------------------|
| 3a ORGANIZATION'S NAME Flowers Finance, LLC |                         |                     |                               |                                        |
| OR                                          | 3b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                                 |
| 3c MAILING ADDRESS                          | 1925 Flowers Circle     | CITY<br>Thomasville | STATE<br>GA                   | POSTAL CODE<br>31757<br>COUNTRY<br>USA |

4. **COLLATERAL** This financing statement covers the following collateral:

Debtor's right, title and interest in the Distributor's Agreement dated July 29, 2019, as from time to time amended, modified, supplemented, restated or renewed (the "Distributor's Agreement"), and all between Debtor and CK Sales, LLC, including, but not limited to, all Distributions Rights (as defined in the Distributor's Agreement) and rights to receive payments under the Distributor's Agreement, and all Products (as defined in the Distributor's Agreement) in Distributor's possession, whether now existing or hereafter owned or acquired and whosoever located, together with all accessions thereto, all substitutions and replacements therefore, and all proceeds and products of each of the following including, without limitation, insurance proceeds.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box: ☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box: ☐ Agricultural Lien ☐ Non UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA: Sully's Quality Bread and Rolls Inc 7951

1678 08281