

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **LAUREL DRACH**

*Email Contact at Filer:* **LDRACH@CRFLLP.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **CHACE RUTTENBERG & FREEDMAN, LLP**

*Mailing Address:* **ONE PARK ROW, SUITE 300**

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

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## DEBTOR INFORMATION

*Last Name (i.e. Family Name or Surname):* **NGUYEN (DBA ELUXE NAIL SPA)** *First Name:* **HAI**

*Mailing Address:* **615 GREENWICH AVENUE, UNIT 9-B**

*City, State Zip Country:* **WARWICK, RI 02886 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **5-113 LLC**

*Mailing Address:* **1414 ATWOOD AVENUE**

*City, State Zip Country:* **JOHNSTON, RI 02919 USA**

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## TRANSACTION TYPE: STANDARD

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## COLLATERAL

ALL TRADE FIXTURES, APPLIANCES AND EQUIPMENT OWNED BY DEBTOR AND INSTALLED IN THE PREMISES