

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **ROBERT A. PEAY, ESQ.**

*Email Contact at Filer:* **RPEAY@PEAYLAW.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **ROBERT A. PEAY, PLLC**

*Mailing Address:* **4510 COX ROAD, SUITE 201**

*City, State Zip Country:* **GLEN ALLEN, VA 23060 USA**

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## DEBTOR INFORMATION

*Org. Name:* **G2 CORPORATE SERVICES, LLC**

*Mailing Address:* **11 GRANDVIEW STREET, UNITS 2/16/18**

*City, State Zip Country:* **COVENTRY, RI 02816 USA**

*Last Name (i.e. Family Name or Surname):* **GENEV** *First Name:* **GENKO** *Middle Name:* **V.**

*Mailing Address:* **115 ABBY LANE**

*City, State Zip Country:* **NORTH KINGSTOWN, RI 02852 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **RIP VAN, INC.**

*Mailing Address:* **67 WEST STREET, SUITE 705**

*City, State Zip Country:* **BROOKLYN, NY 11222-5393 USA**

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## TRANSACTION TYPE: STANDARD

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## COLLATERAL

STROOPWAFEL OVEN, FLOWWRAPPER, CARTONER, DOUGH MIXER AND ANY AND ALL OTHER RELATED EQUIPMENT