

UCC-1 Form

FILER INFORMATION

Full name: **ANDREW M. GILSTEIN, ESQ.**

Email Contact at Filer: **CBRIEN@GKLFIRM.COM**

SEND ACKNOWLEDGEMENT TO

Contact name:

Mailing Address: **300 METRO CENTER BLVD., SUITE 150A**

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

DEBTOR INFORMATION

Org. Name: **N & D TRANSPORTATION COMPANY, INC.**

Mailing Address: **100 INDUSTRIAL HIGHWAY**

City, State Zip Country: **NORTH SMITHFIELD, RI 02896 USA**

SECURED PARTY INFORMATION

Last Name (i.e. Family Name or Surname): **DUHAMEL** *First Name:* **DAVID**

Mailing Address: **100 INDUSTRIAL HIGHWAY**

City, State Zip Country: **NORTH SMITHFIELD, RI 02896 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

ALL ASSETS