

UCC-1 Form

FILER INFORMATION

Full name: ANGELA FLEBOTTE

Email Contact at Filer: ANGELAF@SPAFFORD.COM

SEND ACKNOWLEDGEMENT TO

Contact name: SPAFFORD LEASING ASSOCIATES, INC.

Mailing Address: 1350 MAIN STREET SUITE 318

City, State Zip Country: SPRINGFIELD, MA 01103 USA

DEBTOR INFORMATION

Org. Name: NEW ENGLAND FITNESS AND WELLNESS, LLC

Mailing Address: 622 HEBRON AVENUE SUITE 200

City, State Zip Country: GLASTONBURY, CT 06033 USA

SECURED PARTY INFORMATION

Org. Name: SPAFFORD LEASING ASSOCIATES, INC.

Mailing Address: 1350 MAIN STREET, SUITE 318

City, State Zip Country: SPRINGFIELD, MA 01103 USA

ASSIGNEE INFORMATION

Org. Name: JEWETT CITY SAVINGS BANK

Mailing Address: 111 MAIN STREET

City, State Zip Country: JEWETT CITY, CT 06351-0335 USA

TRANSACTION TYPE: STANDARD

ALTERNATIVE DESIGNATION: LESSEE-LESSOR

CUSTOMER REFERENCE: S2004-001

COLLATERAL

ALL EQUIPMENT AS LISTED ON EXHIBIT A TO EQUIPMENT SCHEDULE NUMBER 001 TO MASTER LEASE AGREEMENT NUMBER S2004 DATED SEPTEMBER 18, 2019 BETWEEN NEW ENGLAND FITNESS AND WELLNESS, LLC AS LESSEE AND SPAFFORD LEASING ASSOCIATES, INC. AS LESSOR.