

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

<b>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> Margaret Silvestri 401-862-7002
<b>B. E-MAIL CONTACT AT FILER (optional)</b> psilvestri@cox.net
<b>C. SEND ACKNOWLEDGMENT TO: (Name and Address)</b> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">                     Raymond J. Mooney                      69 Fort Avenue                      Cranston, Rhode Island 02905                 </div>

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 <b>Sara Bella Jewelry, Inc.</b>					
OR	1b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c MAILING ADDRESS <b>58 Walcott Street</b>		CITY <b>Pawtucket</b>	STATE <b>RI</b>	POSTAL CODE <b>02860</b>	COUNTRY <b>US</b>

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 <b>Kerissa II</b>					
OR	2b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
2c MAILING ADDRESS <b>58 Walcott Street</b>		CITY <b>Pawtucket</b>	STATE <b>RI</b>	POSTAL CODE <b>02860</b>	COUNTRY <b>US</b>

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					
OR	3b INDIVIDUAL'S SURNAME <b>Mooney</b>	FIRST PERSONAL NAME <b>Raymond</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>J</b>	SUFFIX	
3c MAILING ADDRESS <b>69 Fort Avenue</b>		CITY <b>Cranston</b>	STATE <b>RI</b>	POSTAL CODE <b>02905</b>	COUNTRY <b>US</b>

4. COLLATERAL This financing statement covers the following collateral:

**All tangible and intangible property of the debtor, whether now or hereafter acquired, or in which the debtor may now have or hereafter acquire an interest, wherever located, including all machinery, equipment, inventory, fixtures, accounts, fixtures, general intangibles without limitation.**  
**It is the intention of the secured party to include proceeds of any current and future litigation and any and all proceeds returned to debtor as a result of fraudulent and/or criminal activity.**

5. Check <u>only</u> if applicable; and check <u>only</u> one box. Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessor/Lessee <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailor/Borrower <input type="checkbox"/> Licensee/Licensee	
8. OPTIONAL FILER REFERENCE DATA	