

UCC-1 Form

FILER INFORMATION

Full name: **MICHAEL J. RICHARDS**

Email Contact at Filer: **MRICHARDS@BARDORF.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **BARDORF & BARDORF**

Mailing Address: **36 WASHINGTON SQUARE**

City, State Zip Country: **NEWPORT, RI 02840 USA**

DEBTOR INFORMATION

Org. Name: **NEWPORT WINE CELLAR, LLC**

Mailing Address: **11 MEMORIAL BOULEVARD**

City, State Zip Country: **NEWPORT, RI 02840 USA**

SECURED PARTY INFORMATION

Last Name (i.e. Family Name or Surname): **CIANCIOLO** *First Name:* **CHARLES**

Mailing Address: **4644 GLEN COE ST**

City, State Zip Country: **LEESBURG, FL 34148 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

ALL MACHINERY, EQUIPMENT, INVENTORY, ACCOUNTS RECEIVABLE, CHATTEL PAPER, GENERAL INTANGIBLES, NOW OWNED OR TO BE ACQUIRED WITH LOAN PROCEEDS AND HEREINAFTER ACQUIRED OR CREATED BY DEBTOR, WHICH ARE LOCATED AT 11 MEMORIAL BLVD., NEWPORT, RHODE ISLAND, TOGETHER WITH ALL RIGHTS TO A CLASS A LIQUOR LICENSE ISSUED BY THE CITY OF NEWPORT AND SITED AT 11 MEMORIAL BLVD., NEWPORT, RHODE ISLAND.