

UCC-1 Form

FILER INFORMATION

Full name: **STEPHEN J. BROUILLARD**

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SEND ACKNOWLEDGEMENT TO

Contact name:

Mailing Address: **56 PINE STREET, SUITE 250**

City, State Zip Country: **PROVIDENCE, RI 02903 USA**

DEBTOR INFORMATION

Org. Name: **THE CADILLAC LOUNGE, L.L.C.**

Mailing Address: **365 CHARLES STREET**

City, State Zip Country: **PROVIDENCE, RI 02904 USA**

SECURED PARTY INFORMATION

Org. Name: **MARISA PIZZARELLI ON BEHALF OF HERSELF AND ALL MEMBERS OF THE SETTLEMENT CLASS**

Mailing Address: **56 PINE STREET, SUITE 250**

City, State Zip Country: **PROVIDENCE, RI 02903 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

ALL ASSETS OF THE DEBTOR.