

# UCC-1 Form

---

## FILER INFORMATION

*Full name:* **PATRICK KRIFF**

*Email Contact at Filer:* **PKRIFF@PSH.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **PARTRIDGE SNOW & HAHN LLP**

*Mailing Address:* **30 FEDERAL STREET**

*City, State Zip Country:* **BOSTON, MA 02110 USA**

---

## DEBTOR INFORMATION

*Org. Name:* **SOUTH KINGSTON CINEMAS, LLC**

*Mailing Address:* **30 VILLAGE SQUARE DRIVE**

*City, State Zip Country:* **SOUTH KINGSTOWN, RI 02879 USA**

---

## SECURED PARTY INFORMATION

*Org. Name:* **DIVERSIFIED CREDIT EXTENSION TRUST**

*Mailing Address:* **55 CAMBRIDGE PARKWAY, SUITE 200**

*City, State Zip Country:* **CAMBRIDGE, MA 02142 USA**

---

## TRANSACTION TYPE: STANDARD

---

## COLLATERAL

THE COLLATERAL ON THE ATTACHED EXHIBIT A.

Exhibit A

<u>Quantity</u>	<u>Part/Description</u>
7	NEC Digital Projection System
7	Strong Digital Projection Base
7	GDC Digital Cinema Server
8	Strong LMS Server Package
7	Freight and Delivery