

UCC-1 Form

FILER INFORMATION

Full name: **RALPH B. GILLIS, ESQ.**

Email Contact at Filer: **RGILLIS@DUFFYSWEENEY.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **DUFFY & SWEENEY, LTD.**

Mailing Address: **321 SOUTH MAIN STREET, 4TH FLOOR**

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

DEBTOR INFORMATION

Org. Name: **CENTREX DISTRIBUTORS, INC.**

Mailing Address: **119 HOPKINS HILL ROAD**

City, State Zip Country: **WEST GREENWICH, RI 02817 USA**

SECURED PARTY INFORMATION

Org. Name: **BANK OF AMERICA, N.A.**

Mailing Address: **111 WESTMINSTER STREET**

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

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 000472-0017

COLLATERAL

ALL ASSETS OF THE DEBTOR, INCLUDING WITHOUT LIMITATION ALL TANGIBLE AND INTANGIBLE PERSONAL PROPERTY AND ALL FIXTURES AS WELL AS THAT WHICH IS DESCRIBED ON THE ATTACHED EXHIBIT A.