

UCC-1 Form

FILER INFORMATION

Full name: **CORPORATION SERVICE COMPANY**

Email Contact at Filer: **RISOSUCCFILINGSV3@CSCGLOBAL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CORPORATION SERVICE COMPANY**

Mailing Address: **801 ADLAI STEVENSON DRIVE**

City, State Zip Country: **SPRINGFIELD, IL 62703 USA**

DEBTOR INFORMATION

Org. Name: **PREMIUM MULTISERVICE INC**

Mailing Address: **356 MANTON AVENUE, SUITE 1**

City, State Zip Country: **PROVIDENCE, RI 02909 USA**

Org. Name: **DEMARLAS BRAND INC**

Mailing Address: **356 MANTON AVENUE, SUITE 1**

City, State Zip Country: **PROVIDENCE, RI 02909 USA**

Org. Name: **JYM PROPERTY MANAGEMENT & REPAIR LLC**

Mailing Address: **356 MANTON AVENUE, SUITE 1**

City, State Zip Country: **PROVIDENCE, RI 02909 USA**

SECURED PARTY INFORMATION

Org. Name: **YELLOWSTONE CAPITAL LLC**

Mailing Address: **116 NASSAU STREET , SUITE 804**

City, State Zip Country: **NEW YORK, NY 10038 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2048 09924

COLLATERAL

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