

UCC-1 Form

FILER INFORMATION

Full name: **KATHLEEN MARIE CONNELL**

Email Contact at Filer: **KATHLEEN@BROADWAYLAW.NET**

SEND ACKNOWLEDGEMENT TO

Contact name: **NEWPORT TAX SERVICES**

Mailing Address: **4 BROADWAY, NEWPORT, RI 02840**

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

DEBTOR INFORMATION

Org. Name: **NEWPORT TAX SERVICES**

Mailing Address: **2 BROADWAY**

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

SECURED PARTY INFORMATION

Org. Name: **U.S. SMALL BUSINESS ADMINISTRATION**

Mailing Address: **2 NORTH 20TH STREET**

City, State Zip Country: **BIRMINGHAM, AL 35203 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

SBA RELEASE