

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **ALEXANDRA W. PEZZELLO, ESQ.**

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

## SEND ACKNOWLEDGEMENT TO

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

*Mailing Address:* **40 WESTMINSTER STREET, SUITE 1100**

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

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## DEBTOR INFORMATION

*Org. Name:* **SJM BROTHERS, LLC**

*Mailing Address:* **259-269 VALLEY STREET**

*City, State Zip Country:* **PROVIDENCE, RI 02908 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **BUSINESS DEVELOPMENT COMPANY OF RHODE ISLAND**

*Mailing Address:* **40 WESTMINSTER STREET, SUITE 702**

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

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: 11344-87**

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## COLLATERAL

ALL ASSETS OF DEBTOR, INCLUDING WITHOUT LIMITATION ALL TANGIBLE AND INTANGIBLE PERSONAL PROPERTY AND ALL FIXTURES.