

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **JAY R. PEABODY, 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:* **INP BEVERAGE SERVICES, INC.**

*Mailing Address:* **1140 RESERVOIR AVENUE**

*City, State Zip Country:* **CRANSTON, RI 02920 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **HARBORONE BANK**

*Mailing Address:* **770 OAK STREET**

*City, State Zip Country:* **BROCKTON, MA 02303 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: 12073-53**

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## COLLATERAL

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