

UCC-1 Form

FILER INFORMATION

Full name: **NANCY GONYEA**

Email Contact at Filer: **NGONYEA@CLINTONSAVINGS.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CLINTON SAVINGS BANK**

Mailing Address: **200 CHURCH STREET**

City, State Zip Country: **CLINTON, MA 01510 USA**

DEBTOR INFORMATION

Org. Name: **GOGRI N GOGRI**

Mailing Address: **295 ADMIRAL STREET, SUITE 2**

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

SECURED PARTY INFORMATION

Org. Name: **CLINTON SAVINGS BANK**

Mailing Address: **200 CHURCH STREET**

City, State Zip Country: **CLINTON, MA 01510 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

FIRST SECURITY INTEREST IN ALL BUSINESS ASSETS