

UCC-1 Form

FILER INFORMATION

Full name: **PETER A. SAULINO, ESQUIRE**

Email Contact at Filer: **MREFFELT@SAULINOANDSILVIA.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **MECHANICS COOPERATIVE BANK**

Mailing Address: **308 BAY STREET, PO Box 552**

City, State Zip Country: **TAUNTON, MA 02780 USA**

DEBTOR INFORMATION

Org. Name: **RESERVOIR LIQUORS, INC.**

Mailing Address: **529 RESERVOIR AVENUE**

City, State Zip Country: **CRANSTON, RI 02910 USA**

SECURED PARTY INFORMATION

Org. Name: **MECHANICS COOPERATIVE BANK**

Mailing Address: **308 BAY STREET, PO Box 552**

City, State Zip Country: **TAUNTON, MA 02780 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 529 RESERVOIR AVENUE, CRANSTON, RI 02910

COLLATERAL

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