

UCC-1 Form

FILER INFORMATION

Full name: **KATHLEEN G. DI MURO, ESQ.**

Email Contact at Filer: **KGDIMURO@DIMUROLAW.COM**

SEND ACKNOWLEDGEMENT TO

Contact name:

Mailing Address: **13808 SMILING DAISY PLACE**

City, State Zip Country: **RIVERVIEW, FL 33579 USA**

DEBTOR INFORMATION

Org. Name: **LE FAMILY BEVERAGES, INC.**

Mailing Address: **474 PLAINFIELD STREET**

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

SECURED PARTY INFORMATION

Last Name (i.e. Family Name or Surname): **LE First Name: PHAN**

Mailing Address: **13808 SMILING DAISY PLACE**

City, State Zip Country: **RIVERVIEW, FL 33579 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

ALL PERSONAL PROPERTY, TANGIBLE AND INTANGIBLE, OF THE DEBTOR INCLUDING BUT NOT LIMITED TO, ALL FURNITURE, FIXTURES, MACHINERY & EQUIPMENT, INVENTORY AND ACCOUNTS RECEIVABLES. CERTAIN ITEMS ARE OR MAY IN THE FUTURE BE ATTACHED TO REAL ESTATE LOCATED AT 474 PLAINFIELD STREET, PROVIDENCE, RHODE ISLAND, OWNED BY 474 PLAINFIELD STREET LLC, DESIGNATED AS ASSESSOR'S PLAT 108, LOT 156