

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **JOANN FERRIS**

*Email Contact at Filer:* **JOANN.FERRIS@BANKNEWPORT.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **BANKNEWPORT**

*Mailing Address:* **184 JOHN CLARKE ROAD**

*City, State Zip Country:* **MIDDLETOWN, RI 02842 USA**

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## DEBTOR INFORMATION

*Org. Name:* **SKI PRO, INC.**

*Mailing Address:* **PO Box 41**

*City, State Zip Country:* **SLOCUM, RI 02877 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **BANKNEWPORT**

*Mailing Address:* **184 JOHN CLARKE ROAD**

*City, State Zip Country:* **MIDDLETOWN, RI 02842 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: SKI PRO, INC.**

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## COLLATERAL

ALL ASSETS OF DEBTOR, WHETHER NOW OWNED OR HEREAFTER ACQUIRED, INCLUDING ALL PRODUCTS AND PROCEEDS, WHEREVER LOCATED.