

UCC-1 Form

FILER INFORMATION

Full name: **BRIAN A BLISS**

Email Contact at Filer: **BLISSLAWLLC@GMAIL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **BLISS LAW, LLC**

Mailing Address: **200 METRO CENTER BLVD, SUITE 7**

City, State Zip Country: **WARWICK, RI 02886 USA**

DEBTOR INFORMATION

Org. Name: **BROOKE C. FISHERIES, INC.**

Mailing Address: **1163 WORDENS POND ROAD**

City, State Zip Country: **CHARLESTOWN, RI 02813 USA**

SECURED PARTY INFORMATION

Last Name (i.e. Family Name or Surname): **FOX** *First Name:* **JAMES** *Middle Name:* **R.**

Mailing Address: **361D WOODRUFF AVENUE**

City, State Zip Country: **SOUTH KINGSTOWN, RI 02879 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

THE FISHING VESSEL BROOKE ELISE (O/N 619814), TOGETHER WITH ALL OF THE VESSEL'S GEAR, EQUIPMENT, FIXTURES AND FURNITURE, FISHERIES LICENSES AND PERMITS AND FISHERIES CATCH ALLOCATIONS AND QUOTAS.