

UCC-1 Form

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**

DEBTOR INFORMATION

Org. Name: **CORRIGAN FINANCIAL, INC.**

Mailing Address: **747 AQUIDNECK AVENUE**

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

SECURED PARTY INFORMATION

Org. Name: **BANKNEWPORT**

Mailing Address: **184 JOHN CLARKE ROAD**

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

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: CORRIGAN FINANCIAL, INC.

COLLATERAL

A. ALL OF DEBTOR'S CLIENT LISTS AND CLIENT RECORDS, ALL FILES, COMPUTER PROGRAMS, AND RECORDS IN CONNECTION THEREWITH. B. ALL OF DEBTOR'S BILLED AND UNBILLED ACCOUNTS RECEIVABLE. C. ALL OF DEBTOR'S FURNISHINGS, EQUIPMENT, SUPPLIES, AND COMPUTER SOFTWARE AND ALL PREPAID MAINTENANCE CONTRACT FOR SAID EQUIPMENT AND APPLIANCES. D. ALL LEASEHOLD IMPROVEMENTS OF DEBTOR AT 747 AQUIDNECK AVENUE, MIDDLETOWN, RHODE ISLAND. E. ALL OTHER TANGIBLE AND INTANGIBLE ASSETS OF THE DEBTOR.