

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **JOANN FERRI**

*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:* **CHART HOUSE INN, LLC**

*Mailing Address:* **3 CLIFF AVENUE**

*City, State Zip Country:* **NEWPORT, RI 02840 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: CHART HOUSE INN LLC**

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## COLLATERAL

ALL MACHINERY, EQUIPMENT, FIXTURES, NOW OWNED, TO BE ACQUIRED WITH LOAN PROCEEDS AND HEREINAFTER ACQUIRED OR CREATED BY BORROWER WHICH ARE AFFIXED TO AND ARE PART OF IMPROVED REAL ESTATE LOCATED AT 16 CLARKE STREET, NEWPORT, RHODE ISLAND, BEING LOT 49 ON NEWPORT TAX ASSESSOR'S PLAT 2 ALL MACHINERY, EQUIPMENT, FURNITURE, FURNISHINGS, INVENTORY AND ACCOUNTS RECEIVABLE OF PROPERTY LOCATED AT 16 CLARKE STREET, NEWPORT RHODE ISLAND