

# 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:* **FINE ARTS OF NEWPORT, INC.**

*Mailing Address:* **49 TOURO STREET**

*City, State Zip Country:* **NEWPORT, RI 02840 USA**

*Org. Name:* **JANE PICKENS THEATER LLC**

*Mailing Address:* **49 TOURO STREET**

*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: FINE ARTS NEWPORT INC

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## COLLATERAL

ALL ASSETS OF THE BORROWERS INCLUDING ALL REAL ESTATE, INVENTORY, ACCOUNTS RECEIVABLE, FURNITURE, EQUIPMENT, FIXTURES, PERMITS, CONSTRUCTION AND DESIGN CONTRACTS, PLANS, LICENSES, AND OTHER CONTRACTS AND GENERAL INTANGIBLES AS THEY PERTAIN TO THE SUBJECT COLLATERAL PROPERTY.