

UCC-1 Form

FILER INFORMATION

Full name: **AMY T. M. OAKLEY, ESQ.**

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SEND ACKNOWLEDGEMENT TO

Contact name: **PARTRIDGE SNOW & HAHN, LLP**

Mailing Address: **40 WESTMINSTER ST., STE. 1100**

City, State Zip Country: **PROVIDENCE, RI 02903 USA**

DEBTOR INFORMATION

Org. Name: **LITTLE KIDS, INC.**

Mailing Address: **1015 NEWMAN AVENUE**

City, State Zip Country: **SEEKONK, MA 02771 USA**

SECURED PARTY INFORMATION

Org. Name: **BANK RHODE ISLAND**

Mailing Address: **ONE TURKS HEAD PLACE**

City, State Zip Country: **PROVIDENCE, RI 02903 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: (1395-148) - TO BE FILED WITH RI SECRETARY OF STATED

COLLATERAL

ALL ASSETS OF THE DEBTOR, WHETHER NOW OWNED OR HEREAFTER ACQUIRED, AND ALL PRODUCTS AND PROCEEDS THEREOF.