

UCC-1 Form

FILER INFORMATION

Full name: **SCOTT E. COOPER, ESQUIRE**

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SEND ACKNOWLEDGEMENT TO

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Mailing Address: **28 STATE STREET**

City, State Zip Country: **BOSTON, MA 02109 USA**

DEBTOR INFORMATION

Org. Name: **AQUIDNECK GROUP LLC**

Mailing Address: **C/O CROSSPOINT ASSOCIATES, INC., 188 NEEDHAM STREET, SUITE 255**

City, State Zip Country: **NEWTON, MA 02464 USA**

SECURED PARTY INFORMATION

Org. Name: **EASTERN BANK**

Mailing Address: **265 FRANKLIN STREET**

City, State Zip Country: **BOSTON, MA 02110 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: FILED WITH: RHODE ISLAND SECRETARY OF STATE

COLLATERAL

THIS FINANCING STATEMENT COVERS ALL PERSONAL PROPERTY AND OTHER ASSETS OF DEBTOR, WHETHER NOW OWNED OR HEREAFTER ACQUIRED BY DEBTOR, OR IN WHICH DEBTOR MAY NOW HAVE OR HEREAFTER ACQUIRE AN INTEREST.