

UCC-1 Form

FILER INFORMATION

Full name: **JAMES V. KELLY**

Email Contact at Filer: **JROUETTE@SIMMONSLTD.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **SIMMONS ASSOCIATES, LTD.**

Mailing Address: **155 SOUTH MAIN STREET, SUITE 301**

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

DEBTOR INFORMATION

Org. Name: **ARPIN INTERNATIONAL GROUP, INC.**

Mailing Address: **99 JAMES P. MURPHY HIGHWAY**

City, State Zip Country: **WEST WARWICK, RI 02896 USA**

SECURED PARTY INFORMATION

Org. Name: **WEBSTER BANK, NATIONAL ASSOCIATION**

Mailing Address: **50 KENNEDY PLAZA, SUITE 1110**

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

TRANSACTION TYPE: STANDARD

COLLATERAL

ALL ASSETS OF THE DEBTOR, WHETHER NOW OWNED OR HEREAFTER ACQUIRED, AND INCLUDING, WITHOUT LIMITATION, ALL ACCOUNTS, INVENTORY, AS-EXTRACTED COLLATERAL, CHATTEL PAPER, COMMERCIAL TORT CLAIMS, CONSIGNMENTS, CONTRACTS, COPYRIGHTS, COPYRIGHT LICENSE(S), DEPOSIT ACCOUNTS, DOCUMENTS, ENCUMBRANCE(S), EQUIPMENT, FIXTURES, GENERAL INTANGIBLES, GOODS, HEALTH-CARE-INSURANCE RECEIVABLES, INSTRUMENTS, INVESTMENT PROPERTY, LETTER OF CREDIT RIGHTS, LETTERS OF CREDIT, MOTOR VEHICLES, PATENTS, PATENT LICENSES, PAYMENT INTANGIBLES, PROMISSORY NOTE(S), SOFTWARE, SUPPORTING OBLIGATIONS, TANGIBLE CHATTEL PAPER, TRADEMARKS, TRADEMARK LICENSES, AND TO THE EXTENT NOT OTHERWISE INCLUDED, ALL PROCEEDS (INCLUDING CONDEMNATION PROCEEDS), ALL ACCESSIONS AND ADDITIONS THERETO AND ALL SUBSTITUTIONS, RENEWALS AND REPLACEMENTS THEREFORE AND RENTAL PAYMENTS AND PRODUCTS OF ANY AND ALL OF THE FOREGOING.