

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **ALISHA MARCOTTE, ESQ.**

*Email Contact at Filer:* **ALISHA@INDEGLIALAW.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:*

*Mailing Address:* **300 CENTERVILLE ROAD, SUMMIT EAST, 320**

*City, State Zip Country:* **WARWICK, RI 02886 USA**

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## DEBTOR INFORMATION

*Org. Name:* **SUMMIT MANAGEMENT CORPORATION**

*Mailing Address:* **250B CENTERVILLE ROAD**

*City, State Zip Country:* **WARWICK, RI 02886 USA**

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## SECURED PARTY INFORMATION

*Last Name (i.e. Family Name or Surname):* **INTEGLIA** *First Name:* **BRENDON**

*Mailing Address:* **220 SOUTH MAIN STREET**

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

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## TRANSACTION TYPE: STANDARD

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## COLLATERAL

ALL ASSETS OF THE DEBTOR, INCLUDING, BUT NOT LIMITED TO ANY AND ALL ACCOUNTS, RECEIVABLES, CHATTEL PAPER, INTANGIBLES, DEPOSITS, DELIVERABLES, GOODS, INVENTORY, FIXTURES, EQUIPMENT, OR THE LIKE, NOW OWNED OR THEREAFTER ACQUIRED.