

UCC-1 Form

FILER INFORMATION

Full name: **JOSEPH RAHEB, ESQ.**

Email Contact at Filer: **JR@RAHEBLAW.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **JOSEPH RAHEB, ESQ.**

Mailing Address: **650 GEORGE WASHINGTON HIGHWAY, SUITE 200**

City, State Zip Country: **LINCOLN, RI 02865 USA**

DEBTOR INFORMATION

Org. Name: **A & J WELL CO., INC.**

Mailing Address: **P.O. BOX 102**

City, State Zip Country: **SLATERSVILLE, RI 02876 USA**

SECURED PARTY INFORMATION

Last Name (i.e. Family Name or Surname): **WRIGHT** *First Name:* **CAROL** *Middle Name:* **A.**

Mailing Address: **12-18 RIDGE RD.**

City, State Zip Country: **NORTH SMITHFIELD, RI 02896 USA**

Last Name (i.e. Family Name or Surname): **WRIGHT** *First Name:* **JOHN** *Middle Name:* **J.**

Mailing Address: **12-18 RIDGE RD.**

City, State Zip Country: **NORTH SMITHFIELD, RI 02896 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

ALL PRESENT AND HEREAFTER ACQUIRED EQUIPMENT, MACHINERY, FURNITURE, FIXTURES AND INVENTORY, WHEREVER LOCATED, AND USED IN THE OPERATION OF DEBTOR'S BUSINESS; ALL PRESENT AND FUTURE ACCOUNTS, ACCOUNTS RECEIVABLE, CHATTEL PAPER, GENERAL INTANGIBLES AND CONTRACT RIGHTS OF THE DEBTOR. ALL RENEWALS, REPLACEMENTS OF, ADDITIONS TO, SUBSTITUTIONS FOR AND PROCEEDS OF THE FOREGOING. ALL CONDEMNATION AWARDS AND POLICIES OF INSURANCE MAINTAINED WITH RESPECT TO SAID PERSONAL PROPERTY AND ALL PROCEEDS THEREOF.