

UCC-1 Form

FILER INFORMATION

Full name: **CORPORATION SERVICE COMPANY**

Email Contact at Filer: **RISOSUCCFILINGSV3@CSCGLOBAL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CORPORATION SERVICE COMPANY**

Mailing Address: **801 ADLAI STEVENSON DRIVE**

City, State Zip Country: **SPRINGFIELD, IL 62703 USA**

DEBTOR INFORMATION

Org. Name: **BROAD STREET LIQUORS INC**

Mailing Address: **1032 BROAD ST**

City, State Zip Country: **PROVIDENCE, RI 02905 USA**

Last Name (i.e. Family Name or Surname): **NUNEZ FERNANDEZ** *First Name:* **LUIGUI** *Middle Name:* **A**

Mailing Address: **126 LOWELL AVE APT 1**

City, State Zip Country: **PROVIDENCE, RI 02909 USA**

SECURED PARTY INFORMATION

Org. Name: **VIAMERICAS CORPORATION**

Mailing Address: **7910 WOODMONT AVENUE, SUITE 220**

City, State Zip Country: **BETHESDA, MD 20814 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2285 17527

COLLATERAL

THE COLLATERAL IN WHICH AGENTS/DEBTORS GRANTS VIAMERICAS CORPORATION A SECURITY INTEREST CONSISTS OF ALL AGENT'S/DEBTOR'S PRESENTLY OWNED, FUTURE AND HEREAFTER ACQUIRED ACCOUNTS, CHATTEL PAPER, NEGOTIABLE INSTRUMENTS INCLUDING, BUT NOT LIMITED TO, CHECKS, CASH, CASH DEPOSIT ACCOUNTS, INVENTORY, FURNITURE, TRADE FIXTURES, EQUIPMENT, PREMISES LEASE, AND GENERAL TANGIBLES AND INTANGIBLES WHERESOEVER LOCATED, TOGETHER WITH ALL OF THE PROCEEDS AND PRODUCTS OF EACH, INCLUDING, BUT NOT LIMITED TO, THE PROCEEDS PAYABLE UNDER AND UPON ANY INSURANCE POLICIES INSURING ANY OF THE AFOREMENTIONED COLLATERAL AGAINST LOSS.