

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **HITESH SHAH**

*Email Contact at Filer:* **HSHAH@ENHANCEDCAPITAL.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **ENHANCED CAPITAL RHODE ISLAND FUND, LLC**

*Mailing Address:* **201 ST CHARLES AVE #3400**

*City, State Zip Country:* **NEW ORLEANS, LA 70170 USA**

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## DEBTOR INFORMATION

*Org. Name:* **ARCHANGELS LLC**

*Mailing Address:* **65 WEYBOSSET ST, UNIT 114**

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

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## SECURED PARTY INFORMATION

*Org. Name:* **ENHANCED CAPITAL RHODE ISLAND FUND, LLC**

*Mailing Address:* **201 ST CHARLES AVE #3400**

*City, State Zip Country:* **NEW ORLEANS, LA 70170 USA**

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## TRANSACTION TYPE: STANDARD

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## COLLATERAL

ATTACHED EXHIBIT A