RI SOS Filing Number: 202227044520 Date: 6/3/2022 4:13:00 PM UCC FINANCING STATEMENT **FOLLOW INSTRUCTIONS** A NAME & PHONE OF CONTACT AT FILER (optional) B. E-MAIL CONTACT AT FILER (optional) bakerysupply@cox.net C SEND ACKNOWLEDGMENT TO. (Name and Address) Winkler Store Fixture Co. P.O. BOX 8966 Cranston, Rhode Island Print Reset 02920-0988 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME. Provide only one Obtror name (1a or 1b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name), if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here. 🦳 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a ORGANIZATION'S NAME
Calvitto's Pizza & Bakery, Inc. 1b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 1c MAILING ADDRESS COUNTRY POSTAL CODE RI 1401 Park Avenue Cranston 02920-6668 USA 2. DEBTOR'S NAME Provide only goe Debtor name (2a or 2b) (use exect, full name, do not omit, modify, or abbreviate any part of the Debtor's name) if any part of the Individual Debtor's name will not fit in line 2b. leave a tofitem 2 blank, check here 🦳 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a ORGANIZATION'S NAME OR FIRST PERSONAL NAME 26 INDIVIDUAL'S SURNAME ADDITIONAL NAME(SYINITIAL(S) SUFFIX Raymond SR Comprone 2c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY RI 02865-4825 USA 263 Twin River Road Lincoln 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only one Secured Perty name (3e or 3e) 39 ORGANIZATION'S NAME Winkler Store Fixture Co. OR 36 INDIVIDUAL S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFFIX POSTAL CODE COUNTRY STATE 3c MAILING ADDRESS P. O. BOX 8966 Cranston RI 02920-0988 USA 4. COLLATERAL: This financing statement covers the following colleteral See Schedule A Attached and Incorporated by Reference Secured party's interest in and to the property herein described in more particularly set forth in that certain agreement by and between WINKLER STORE FIXTURE Co. and CALVITTO'S PIZZA & BAKERY, INC., and RAYMOND COMPRONE SR. dated May 25, 2022 5. Check only if applicable and check only one box. Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative 6b. Check only if applicable and check only one box 6a. Check only if appicable and check only one box Manufactured-Home Transaction A Debtor is a Transm !! ng Utility Agricultural Lien Nor-UCC Filing Public-Finance Transaction 8e lee/Bailor 7. ALTERNATIVE DESIGNATION (if applicable) Lessee/Lessor Consignee/Consignor Set er/Buyer Licensee/Licensor

B OPTIONAL FILER REFERENCE DATA





Family owned and operated since 1946

P O. Box 8966 • Cranston, Rhode Island 02920-0988 Fax: (401) 943-9366 • E-mail: bakerysupply@cox.net www.bakerysupplierwinkler.com

SCHEDULE A

The following personal property situated at 1401 Park Avenue Cranston, Rhode Island 02920-6668

ONE

Model No. GDM-37-HC-LD True Two-Section Refrigerated Merchandiser.

- •Standard Self-Contained Refrigeration
- •R290 Hydrocarbon Refrigerant
- Eight (8) Shelves
- •(4) 4" Castors
- Exterior: Powder Coated Steel Black
- Interior: White Aluminum with Stainless Steel Floor
- ◆Two (2) Low-E Thermal Glass Sliding Doors
- •LED Interior Lights
- •Illuminated Sign Decal: S-TS-01 "TRUE Stripe" Standard Graphic
- ●¼HP, 115V/60/1PH, 6.5AMPS, NEMA5-15P, cULus, UL EPH Classified
- •SERIAL No. 10325922