

UCC-1 Form

FILER INFORMATION

Full name: **JOSHUA TEVEROW**

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SEND ACKNOWLEDGEMENT TO

Contact name: **JOSHUA TEVEROW, ESQUIRE, LTD.**

Mailing Address: **55 PINE STREET, FLOOR 2**

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

DEBTOR INFORMATION

Org. Name: **BREWED AWAKENINGS INC.**

Mailing Address: **1395 ATWOOD AVENUE**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

SECURED PARTY INFORMATION

Org. Name: **BREWED AWAKENINGS MANAGEMENT GROUP LLC**

Mailing Address: **1200 PONTIAC AVE**

City, State Zip Country: **CRANSTON, RI 02920 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

ALL TANGIBLE AND INTANGIBLE ASSETS OF THE DEBTOR, WHEREVER LOCATED, AS MORE PARTICULARLY DESCRIBED IN A SECURITY AGREEMENT DATED JULY 16, 2022.