

UCC-1 Form

FILER INFORMATION

Full name: **AMANDA CARLOW**

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SEND ACKNOWLEDGEMENT TO

Contact name: **SALTER MCGOWAN SYLVIA & LEONARD, INC.**

Mailing Address: **56 EXCHANGE TERRACE, SUITE 500**

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

DEBTOR INFORMATION

Org. Name: **NEW VERMONT CREAMERY, INC.**

Mailing Address: **70 ATWOOD STREET**

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

SECURED PARTY INFORMATION

Org. Name: **NEW VERMONT CREAMERY, INC.**

Mailing Address: **70 ATWOOD STREET**

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

TRANSACTION TYPE: STANDARD

COLLATERAL

NEW VERMONT CREAMERY, INC., A RHODE ISLAND CORPORATION