

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **GORDON FOOD SERVICE-DAWN ROUSE**

*Email Contact at Filer:* **DAWN.ROUSE@GFS.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **GORDON FOOD SERVICE-DAWN ROUSE**

*Mailing Address:* **P O BOX 2244**

*City, State Zip Country:* **GRAND RAPIDS, MI 49501 USA**

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## DEBTOR INFORMATION

*Org. Name:* **RYANCHRISTOPHER, INC.**

*Mailing Address:* **548 RESERVIOR AVENUE**

*City, State Zip Country:* **CRANSTON, RI 02910 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **GORDON FOOD SERVICE, INC.**

*Mailing Address:* **P O BOX 2244**

*City, State Zip Country:* **GRAND RAPIDS, MI 49501 USA**

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## TRANSACTION TYPE: STANDARD

## CUSTOMER REFERENCE: 100086986-87030-32

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## COLLATERAL

ALL ASSETS, WITHOUT LIMITATION, INCLUDING ALL GOODS, EQUIPMENT, INVENTORY, VEHICLES, FIXTURES, WORK IN PROCESS, ACCOUNTS RECEIVABLE, INSTRUMENTS, CHATTEL PAPER, CAUSES OF ACTION, GENERAL INTANGIBLES, INCLUDING ANY LIQUOR LICENSE(S), AND ALL PROCEEDS THEREOF.