

UCC-1 Form

FILER INFORMATION

Full name: **CORPORATION SERVICE COMPANY**

Email Contact at Filer: **RISOSUCCFILINGSV3@CSCGLOBAL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CORPORATION SERVICE COMPANY**

Mailing Address: **801 ADLAI STEVENSON DRIVE**

City, State Zip Country: **SPRINGFIELD, IL 62703 USA**

DEBTOR INFORMATION

Org. Name: **M & A Two, INC.**

Mailing Address: **685 AIRPORT ROAD**

City, State Zip Country: **WARWICK, RI 02886 USA**

Last Name (i.e. Family Name or Surname): **AMBROSIO** *First Name:* **ANTONIO**

Mailing Address: **1000 S OCEAN BLVD APT 15J**

City, State Zip Country: **POMPANO BEACH, RI 33062 USA**

SECURED PARTY INFORMATION

Org. Name: **CORPORATION SERVICE COMPANY, AS REPRESENTATIVE**

Mailing Address: **P.O. BOX 2576 UCCSPREP@CSCINFO.COM**

City, State Zip Country: **SPRINGFIELD, IL 62708 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2434 71969

COLLATERAL

ALL OF MERCHANT'S ACCOUNTS, CHATTEL PAPER, GOODS, INVENTORY, EQUIPMENT, INSTRUMENTS, RESERVES, RESERVE ACCOUNTS, INVESTMENT PROPERTIES, DOCUMENTS, GENERAL INTANGIBLES, AS SUCH TERMS ARE DEFINED IN THE UCC, AS REVISED AND IN EFFECT, ALL FUTURE RECEIVABLES AS HEREIN DEFINED, ALL OTHER ASSETS AND PERSONAL PROPERTY OF THE MERCHANT AND ALL PRODUCTS AND PROCEEDS THEREOF.