

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **TODD J ROMANO**

*Email Contact at Filer:* **TODD.ROMANO@LEWISBRISBOIS.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **CITY OF EAST PROVIDENCE**

*Mailing Address:* **LEWIS BRISBOIS BISGAARD & SMITH, LLP, ONE CITIZENS PLAZA, SUITE 1120**

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

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## DEBTOR INFORMATION

*Org. Name:* **TROPICAL ILHAS, INC.**

*Mailing Address:* **472 WATERMAN AVENUE**

*City, State Zip Country:* **EAST PROVIDENCE, RI 02914 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **CITY OF EAST PROVIDENCE**

*Mailing Address:* **145 TAUNTON AVENUE**

*City, State Zip Country:* **EAST PROVIDENCE, RI 02914 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: 43327.02**

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## COLLATERAL

ALL ACCOUNTS, INVENTORY, MACHINERY, EQUIPMENT AND FIXTURES, AND REAL ESTATE OF THE DEBTOR AS FURTHER DESCRIBED IN THE ATTACHED.