

UCC-1 Form

FILER INFORMATION

Full name:

Email Contact at Filer: **DBREWER@BRCSM.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **ROBERT A. RAGOSTA, LTD.**

Mailing Address: **663 ATWOOD AVENUE**

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

DEBTOR INFORMATION

Org. Name: **LINCOLN OIL COMPANY, INC.**

Mailing Address: **197 JAMES P. MURPHY HIGHWAY**

City, State Zip Country: **WEST WARWICK, RI 02893 USA**

SECURED PARTY INFORMATION

Org. Name: **BANK RHODE ISLAND**

Mailing Address: **ONE TURKS HEAD PLACE, 15TH FLOOR**

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

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: P212853.0022

COLLATERAL

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