

UCC-1 Form

FILER INFORMATION

Full name: **STEPHEN M. LITWIN, ESQUIRE**

Email Contact at Filer: **ATTYSML@AOL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **STEPHEN M. LITWIN, ESQUIRE**

Mailing Address: **116 ORANGE STREET**

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

DEBTOR INFORMATION

Org. Name: **SNOOKERS, INC.**

Mailing Address: **53 ASHBURTON STREET**

City, State Zip Country: **PROVIDENCE, RI 02904 USA**

SECURED PARTY INFORMATION

Last Name (i.e. Family Name or Surname): **GOULDING** *First Name:* **STEPHEN & REGINA**

Mailing Address: **15 CEDAR STREET**

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

TRANSACTION TYPE: STANDARD

COLLATERAL

SEE ATTACHED

All of Debtor's presently owned and hereafter acquired machinery and equipment, furniture, fixtures, inventory, accounts receivable, and all other tangible personal property of whatever kind or nature, together with all products thereof, and all substitutions, replacements, additions and accessions thereof or thereto, and all cash or non-cash proceeds of all of the following, including insurance proceeds.