

UCC-1 Form

FILER INFORMATION

Full name: **ALEXANDRA W. PEZZELLO, ES Q.**

Email Contact at Filer: **DWILDGOOSE@PSH.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **PARTRIDGE SNOW & HAHN LLP**

Mailing Address: **40 WESTMINSTER ST., STE. 1100**

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

DEBTOR INFORMATION

Org. Name: **OCTO PRODUCT DEVELOPMENT INC.**

Mailing Address: **1 SIMS AVENUE #201**

City, State Zip Country: **PROVIDENCE, RI 02909 USA**

SECURED PARTY INFORMATION

Org. Name: **BUSINESS DEVELOPMENT COMPANY OF RHODE ISLAND**

Mailing Address: **40 WESTMINSTER STREET, SUITE 702**

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

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 4408090 (11344-97) TO BE FILED WITH RHODE ISLAND SECRETARY OF STATE

COLLATERAL

ALL ASSETS OF DEBTOR, INCLUDING WITHOUT LIMITATION ALL TANGIBLE AND INTANGIBLE PERSONAL PROPERTY AND ALL FIXTURES.