

UCC-1 Form

FILER INFORMATION

Full name: **MICHAEL A TARRO**

Email Contact at Filer: **MTARRO@TARROLAW.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **MICHAEL A TARRO LAW ASSOCIATES**

Mailing Address: **425 BROADWAY**

City, State Zip Country: **PROVIDENCE, RI 029091649 USA**

DEBTOR INFORMATION

Org. Name: **ABSOLUTE FUN PARTY RENTALS, LLC**

Mailing Address: **1465 ATWOOD AVENUE**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

Last Name (i.e. Family Name or Surname): **PEZZULLO** First Name: **VINCENT**

Mailing Address: **426 CENTRAL AVENUE**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

Last Name (i.e. Family Name or Surname): **ANTONUCCI** First Name: **JOSHUA**

Mailing Address: **8 AUDREY DRIVE**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

SECURED PARTY INFORMATION

Org. Name: **JADEN ENTERPRISES, LLC**

Mailing Address: **1710 PHENIX AVENUE**

City, State Zip Country: **CRANSTON, RI 02921 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

ALL VEHICLES AND EQUIPMENT