

UCC-1 Form

FILER INFORMATION

Full name: **STEPHEN M LITWIN**

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SEND ACKNOWLEDGEMENT TO

Contact name:

Mailing Address: **116 ORANGE STREET**

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

DEBTOR INFORMATION

Org. Name: **THE COFFEE EXCHANGE, LTD.**

Mailing Address: **207 WICKENDEN STREET**

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

SECURED PARTY INFORMATION

Org. Name: **PERIGAMINO, INC.**

Mailing Address: **P.O. Box 8408**

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

TRANSACTION TYPE: STANDARD

COLLATERAL

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.