

UCC-1 Form

FILER INFORMATION

Full name: **DONNA L. MELLO**

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SEND ACKNOWLEDGEMENT TO

Contact name: **HALLORAN, LUKOFF, SMITH & TIERNEY, P.C.**

Mailing Address: **432 COUNTY STREET**

City, State Zip Country: **NEW BEDFORD, MA 02740 USA**

DEBTOR INFORMATION

Org. Name: **KALE STEMS, LLC**

Mailing Address: **28 WASHINGTON SQUARE**

City, State Zip Country: **NEWPORT, RI 02840 USA**

SECURED PARTY INFORMATION

Org. Name: **WASHINGTON SQUARE BISTRO, LLC**

Mailing Address: **244 GANO STREET**

City, State Zip Country: **PROVIDENCE, RI 02906 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: #17346

COLLATERAL

A CONTINUING SECURITY INTEREST IN, A LIEN ON, A PLEDGE AND ASSIGNMENT OF, ALL THE DEBTOR'S DIRECT OR INDIRECT RIGHT, TITLE ANAD INTEREST IN AND TO THE DEBTOR'S LIQUOR LICENSE ISSUED BY THE CITY OF NEWPORT, RHODE ISLAND, BEING NOW OR FORMERLY IDENTIFIED AS LICENSE NO. BV-560, AS PLEDGED BY AN ASSIGNMENT, PLEDGE AND SECURITY AGREEMENT LIQUOR LICENSE, DATED MARCH 21, 2023, TOGETHER WITH ALL REPLACEMENTS AND SUBSTITUTIONS FOR, AND ALL PROCEEDS (INCLUDING INSURANCE PROCEEDS) AND PRODUCTS OF, THE FOREGOING, WHETHER NOW EXISTING OR HEREINAFTER ARISING.