

# UCC-1 Form

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## FILER INFORMATION

Full name: **BRIAN A. BLISS, ESQUIRE**

Email Contact at Filer: **BRIAN@WATKINSONBLISS.COM**

## SEND ACKNOWLEDGEMENT TO

Contact name: **WATKINSONBLISS, LLC**

Mailing Address: **200 METRO CENTER BLVD, SUITE 7**

City, State Zip Country: **WARWICK, RI 02886 USA**

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## DEBTOR INFORMATION

Org. Name: **LOFTES FISHERIES, INC.**

Mailing Address: **61 OLD ROSE HILL ROAD**

City, State Zip Country: **SOUTH KINGSTOWN, RI 02879 USA**

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## SECURED PARTY INFORMATION

Last Name (i.e. Family Name or Surname): **JAMES** First Name: **JAMES** Middle Name: **R.**

Mailing Address: **361D WOODRUFF AVENUE**

City, State Zip Country: **SOUTH KINGSTOWN, RI 02879 USA**

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## TRANSACTION TYPE: STANDARD

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## COLLATERAL

FISHING VESSEL MICHELE JEAN II (O/N 622532), TOGETHER WITH ALL OF THE VESSEL'S GEAR, EQUIPMENT, FIXTURES AND FURNITURE, FISHERIES LICENSES AND PERMITS AND FISHERIES CATCH ALLOCATIONS AND QUOTAS.