

# UCC-1 Form

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## FILER INFORMATION

Full name: **KELVIN DOMINGUEZ**

Email Contact at Filer: **CMLSERVICING@CENTREVILLEBANK.COM**

## SEND ACKNOWLEDGEMENT TO

Contact name: **CENTREVILLE BANK**

Mailing Address: **1218 MAIN ST**

City, State Zip Country: **WEST WARWICK, RI 02893 USA**

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## DEBTOR INFORMATION

Org. Name: **THE ARCTIC PLAYHOUSE**

Mailing Address: **1249 MAIN STREET**

City, State Zip Country: **WEST WARWICK, RI 02893 USA**

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## SECURED PARTY INFORMATION

Org. Name: **CENTREVILLE BANK**

Mailing Address: **1218 MAIN ST**

City, State Zip Country: **WEST WARWICK, RI 02893 USA**

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## TRANSACTION TYPE: STANDARD

## CUSTOMER REFERENCE: THE ARCTIC PLAYHOUSE

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## COLLATERAL

ALL OF DEBTOR'S PERSONAL PROPERTY AND FIXTURES, NOW OWNED AND HEREAFTER ACQUIRED BY DEBTOR OR IN WHICH DEBTOR HAS OR MAY HEREAFTER ACQUIRE AN INTEREST, WHETHER NOW EXISTING OR HEREAFTER ARISING, INCLUDING THE FOLLOWING, AND ALL PROCEEDS AND PRODUCTS THEREOF: INVENTORY, EQUIPMENT, FIXTURES, ACCOUNTS, GENERAL INTANGIBLES, CHATTEL PAPER, INSTRUMENTS, DOCUMENTS, DEPOSIT ACCOUNTS, LETTER-OF-CREDIT RIGHTS, INVESTMENT PROPERTY, AND ALL BOOKS AND RECORDS RELATING TO ANY OF THE FOREGOING.