

UCC-1 Form

FILER INFORMATION

Full name: **MASON THACKARA**

Email Contact at Filer: **MTHACKARA@NORTHSTARLEASING.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **NORTH STAR LEASING A DIVISION OF PEOPLES BANK**

Mailing Address: **PO BOX 4505**

City, State Zip Country: **BURLINGTON, VT 05406 USA**

DEBTOR INFORMATION

Org. Name: **KEANE'S WOOD-FIRED CATERING LLC**

Mailing Address: **715 WARWICK AVE**

City, State Zip Country: **WARWICK, RI 02888 USA**

SECURED PARTY INFORMATION

Org. Name: **NORTH STAR LEASING A DIVISION OF PEOPLES BANK**

Mailing Address: **PO BOX 4505**

City, State Zip Country: **BURLINGTON, VT 05406 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 58179

COLLATERAL

1) ADS ADC DISHMACHINE CONVEYER BELT, AND ADDITIONAL EQUIPMENT ON INVOICE #25-732ON, DATED 5/18/23.