

UCC-1 Form

FILER INFORMATION

Full name: **ADAM S. CLAVELL, ES Q.**

Email Contact at Filer: **ACLAVELL@CLAVELL-LAW.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CLAVELL & ASSOCIATES PC**

Mailing Address: **355 UNION ST.**

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

DEBTOR INFORMATION

Org. Name: **NORTH SMITHFIELD LASER TAG & ARCADE, LLC**

Mailing Address: **450 PROVIDENCE PIKE**

City, State Zip Country: **NORTH SMITHFIELD, RI 02896 USA**

SECURED PARTY INFORMATION

Org. Name: **ABRAVA WAY, INC.**

Mailing Address: **3900 NW 2ND AVE.**

City, State Zip Country: **MIAMI, FL 33127 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

ALL ASSETS OF THE DEBTOR, INCLUDING WITHOUT LIMITATION ALL TANGIBLE AND INTANGIBLE PERSONAL PROPERTY AND ALL FIXTURES