

UCC-1 Form

FILER INFORMATION

Full name: **SANDRA OUELLETTE**

Email Contact at Filer: **SANDRA.OUELLETTE@BANKNEWPORT.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **BANKNEWPORT**

Mailing Address: **184 JOHN CLARKE ROAD**

City, State Zip Country: **MIDDLETOWN, RI 02842 USA**

DEBTOR INFORMATION

Org. Name: **SWEENEY'S PACKAGE STORE, INC**

Mailing Address: **408 MAIN STREET**

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

SECURED PARTY INFORMATION

Org. Name: **BANKNEWPORT**

Mailing Address: **184 JOHN CLARKE ROAD**

City, State Zip Country: **MIDDLETOWN, RI 02842 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

ALL MACHINERY, EQUIPMENT, FURNITURE, FIXTURES, INVENTORY AND ACCOUNTS RECEIVABLE NOW OWNED OR
HEREAFTER ACQUIRED