

UCC-1 Form

FILER INFORMATION

Full name: **JILL PATUTO**

Email Contact at Filer: **JILL@BOWENSWHARF.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **BOWEN'S WHARF CO., INC.**

Mailing Address: **P.O. BOX 60**

City, State Zip Country: **NEWPORT, RI 02840 USA**

DEBTOR INFORMATION

Org. Name: **ANCHOR TOFFEE**

Mailing Address: **8 BOWEN'S WHARF**

City, State Zip Country: **NEWPORT, RI 02840 USA**

SECURED PARTY INFORMATION

Org. Name: **BOWEN'S WHARF CO., INC.**

Mailing Address: **P.O. BOX 60**

City, State Zip Country: **NEWPORT, RI 02840 USA**

TRANSACTION TYPE: STANDARD

ALTERNATIVE DESIGNATION: LESSEE-LESSOR

COLLATERAL

ALL NON-INVENTORY ITEMS OF PERSONAL PROPERTY , INCLUDING, FIXTURES, SITUATED ON THE FOLLOWING DESCRIBED PREMISES: 8
BOWEN'S WHARF, NEWPORT, RI 02840