

UCC-1 Form

FILER INFORMATION

Full name: **ALEXANDRA W. PEZZELLO, ES Q.**

Email Contact at Filer: **DWILDGOOSE@PSH.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **PARTRIDGE SNOW & HAHN LLP**

Mailing Address: **40 WESTMINSTER ST., STE. 1100**

City, State Zip Country: **PROVIDENCE, RI 02903 USA**

DEBTOR INFORMATION

Org. Name: **RESTORATION MANAGEMENT, INC.**

Mailing Address: **449 THAMES STREET, SUITE 111**

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

SECURED PARTY INFORMATION

Org. Name: **BANKNEWPORT**

Mailing Address: **P.O. Box 450**

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

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: #4544787 (RHODE ISLAND SECRETARY OF STATE) C/M 1496-135

COLLATERAL

ALL ASSETS OF DEBTOR, INCLUDING, BUT NOT LIMITED TO, ALL PERSONAL PROPERTY AND FIXTURES.