UCC-1 Form

FILER INFORMATION

Full name: **CORPORATION SERVICE COMPANY**

Email Contact at Filer: **RISOSUCCFILINGSV3@CSCGLOBAL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CORPORATION SERVICE COMPANY**

Mailing Address: **801 ADLAI STEVENSON DRIVE**

City, State Zip Country: **SPRINGFIELD, IL 62703 USA**

DEBTOR INFORMATION

Org. Name: **COPPERFIELDS INC**

Mailing Address: **678 KILLINGLY STREET**

City, State Zip Country: **SMITHFIELD, RI 02917 USA**

Org. Name: **COPPERFIELDS**

Mailing Address: **678 KILLINGLY STREET**

City, State Zip Country: **SMITHFIELD, RI 02917 USA**

Org. Name: **COPPERFIELD'S BURGER AND BEER HOUSE - JOHNSTON**

Mailing Address: **678 KILLINGLY STREET**

City, State Zip Country: **SMITHFIELD, RI 02917 USA**

Org. Name: **COPPERFIELD'S BURGER AND BEER HOUSE**

Mailing Address: **678 KILLINGLY STREET**

City, State Zip Country: **SMITHFIELD, RI 02917 USA**

SECURED PARTY INFORMATION

Org. Name: **CORPORATION SERVICE COMPANY, AS REPRESENTATIVE**

Mailing Address: **P.O. BOX 2576, UCCSPREP@CSCINFO.COM**

City, State Zip Country: **SPRINGFIELD, IL 62708 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: OPTIONAL FILER REFERENCE 2687 12310

COLLATERAL

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