

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 STREET, STE. 1100**

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

DEBTOR INFORMATION

Org. Name: **CHEMART COMPANY**

Mailing Address: **15 NEW ENGLAND WAY**

City, State Zip Country: **LINCOLN, RI 02865 USA**

SECURED PARTY INFORMATION

Org. Name: **BANK RHODE ISLAND**

Mailing Address: **ONE TURKS HEAD PLACE**

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

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: (1395-164) (#4532541) - TO BE FILED WITH THE RHODE ISLAND SECRETARY OF STATE

COLLATERAL

ALL ASSETS OF THE DEBTOR, WHETHER NOW OWNED OR HEREAFTER ACQUIRED, AND ALL PRODUCTS AND PROCEEDS THEREOF.