

UCC-1 Form

FILER INFORMATION

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

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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: **GREENWICH SAFETY, INC.**

Mailing Address: **50 COLORADO AVENUE, SUITE A**

City, State Zip Country: **WARWICK, RI 02888 USA**

SECURED PARTY INFORMATION

Org. Name: **BUSINESS DEVELOPMENT COMPANY OF RHODE ISLAND**

Mailing Address: **40 WESTMINSTER STREET, SUITE 702**

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

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: #4555840 C/M 11344-100 - TO BE FILED WITH RHODE ISLAND SECRETARY OF STATE

COLLATERAL

ALL ASSETS OF DEBTOR, INCLUDING WITHOUT LIMITATION ALL TANGIBLE AND INTANGIBLE PERSONAL PROPERTY AND ALL FIXTURES.