

# UCC-1 Form

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## FILER INFORMATION

Full name: **ASHLEY MEDEIROS**

Email Contact at Filer: **ASHLEY.MEDEIROS@BANKNEWPORT.COM**

## SEND ACKNOWLEDGEMENT TO

Contact name: **BANKNEWPORT**

Mailing Address: **184 JOHN CLARKE ROAD**

City, State Zip Country: **MIDDLETOWN, RI 02842 USA**

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## DEBTOR INFORMATION

Org. Name: **SAIL NEWPORT, INC.**

Mailing Address: **60 FORT ADAMS DRIVE**

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

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## SECURED PARTY INFORMATION

Org. Name: **BANKNEWPORT**

Mailing Address: **184 JOHN CLARKE ROAD**

City, State Zip Country: **MIDDLETOWN, RI 02842 USA**

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## TRANSACTION TYPE: STANDARD

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## COLLATERAL

ALL BUSINESS ASSETS OF THE DEBTOR INCLUDING ALL BOATS, SAILS, LINES, GEAR, INVENTORY, EQUIPMENT, FURNITURE, PLANS, CONTRACTS, AND SPECIFICATIONS, EXCLUDING ANY INTEREST IN FIXTURE, BUILDINGS OR STRUCTURES EXISTING OR TO BE ERECTED ON THE PREMISES LOCATED ON FORT ADAMS IN RHODE ISLAND. ALL MACHINERY, EQUIPMENT, FURNITURE, FIXTURES, INVENTORY AND ACCOUNTS RECEIVABLE NOW OWNED OR HEREAFTER ACQUIRED. ALL ASSETS