

UCC-1 Form

FILER INFORMATION

Full name: **SEAN COLE**

Email Contact at Filer: **CMLSERVICING@CENTREVILLEBANK.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CENTREVILLE BANK**

Mailing Address: **1218 MAIN ST**

City, State Zip Country: **WEST WARWICK, RI 02893 USA**

DEBTOR INFORMATION

Org. Name: **TITLE RESTAURANT INC**

Mailing Address: **949 WILLETT AVE**

City, State Zip Country: **RIVERSIDE, RI 02915 USA**

Org. Name: **ACM RESTAURANT INC**

Mailing Address: **770-772 HOPE ST**

City, State Zip Country: **PROVIDENCE, RI 02906 USA**

SECURED PARTY INFORMATION

Org. Name: **CENTREVILLE BANK**

Mailing Address: **1218 MAIN ST**

City, State Zip Country: **WEST WARWICK, RI 02893 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: TITLE RESTAURANT \$100K TERM & \$100K LOC - 2ND AND 3RD LIEN

COLLATERAL

ALL OF DEBTOR'S PERSONAL PROPERTY AND FIXTURES, NOW OWNED AND HEREAFTER ACQUIRED BY DEBTOR OR IN WHICH DEBTOR HAS OR MAY HEREAFTER ACQUIRE AN INTEREST, WHETHER NOW EXISTING OR HEREAFTER ARISING, INCLUDING THE FOLLOWING, AND ALL PROCEEDS AND PRODUCTS THEREOF: INVENTORY, EQUIPMENT, FIXTURES, ACCOUNTS, GENERAL INTANGIBLES, CHATTEL PAPER, INSTRUMENTS, DOCUMENTS, DEPOSIT ACCOUNTS, LETTER-OF-CREDIT RIGHTS, INVESTMENT PROPERTY, AND ALL BOOKS AND RECORDS RELATING TO ANY OF THE FOREGOING.