

# UCC-1 Form

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## FILER INFORMATION

*Full name:*

*Email Contact at Filer:* MCABRAL@LEPLAP.COM

## SEND ACKNOWLEDGEMENT TO

*Contact name:* LEPIZZERA & LAPROCINA TITLE & ESCROW SERVICES LLC

*Mailing Address:* 117 METRO CENTER BLVD., SUITE 2001

*City, State Zip Country:* WARWICK, RI 02886 USA

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## DEBTOR INFORMATION

*Org. Name:* SASA ENTERPRIZE, INC

*Mailing Address:* 550 ATWOOD AVENUE

*City, State Zip Country:* CRANSTON, RI 02920 USA

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## SECURED PARTY INFORMATION

*Last Name (i.e. Family Name or Surname):* ZINCONE *First Name:* FRANK *Middle Name:* A *Suffix:* JR

*Mailing Address:* 74 WHITE BIRCH CIRCLE

*City, State Zip Country:* HOPE, RI 02831 USA

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## TRANSACTION TYPE: STANDARD

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## COLLATERAL

ANY AND ALL USED VEHICLE INVENTORY IN WHICH THE DEBTOR HOLDS A DIRECT OR INDIRECT INTEREST, INCLUDING, BUT NOT LIMITED TO, ALL USED VEHICLE INVENTORY TO WHICH DEBTOR HOLDS TITLE.