

# UCC-1 Form

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## FILER INFORMATION

*Full name:*

*Email Contact at Filer:* CHERYL.BONVEGNA@BANKNEWPORT.COM

## SEND ACKNOWLEDGEMENT TO

*Contact name:* BANKNEWPORT, C/O CREDIT ADMINISTRATION DEPARTMENT

*Mailing Address:* 184 JOHN CLARKE ROAD

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

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## DEBTOR INFORMATION

*Org. Name:* GCAL, INC

*Mailing Address:* 1992 VICTORY HWY

*City, State Zip Country:* GLENDALE, RI 02826 USA

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## SECURED PARTY INFORMATION

*Org. Name:* BANKNEWPORT, C/O CREDIT ADMINISTRATION DEPARTMENT

*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 TANGIBLE AND INTANGIBLE PERSONAL PROPERTY OF THE BORROWER, WHETHER NOW OWNED OR HEREAFTER ACQUIRED, OR IN WHICH THE BORROWER MAY NOW HAVE OR HEREAFTER ACQUIRE AN INTEREST, WHEREVER LOCATED, INCLUDING ALL MACHINERY, EQUIPMENT, FURNITURE, FIXTURES, INVENTORY, RECEIVABLES, ACCOUNTS, CONTRACTS, CONTRACT RIGHTS, GENERAL INTANGIBLES, CHATTEL PAPER AND INSTRUMENTS, ANY AND ALL SUBSTITUTIONS THEREFORE AND REPLACEMENTS THEREOF, AND ANY AND ALL ADDITIONS AND ACCESSIONS THERETO, AND ALL PROCEEDS AND PRODUCTS THEREOF.