

# UCC-1 Form

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## FILER INFORMATION

Full name: **JENNIFER COFFEY**

Email Contact at Filer: **CONTRACT.ADMIN@NCSSSI.COM**

## SEND ACKNOWLEDGEMENT TO

Contact name:

Mailing Address: **4900 FALLS OF NEUSE RD, SUITE 150**

City, State Zip Country: **RALEIGH, NC 27609 USA**

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## DEBTOR INFORMATION

Org. Name: **BRISTOL AUTO BODY WORKS, INC.**

Mailing Address: **80 GOODING AVENUE**

City, State Zip Country: **BRISTOL, RI 02809 USA**

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## SECURED PARTY INFORMATION

Org. Name: **NATIONAL COATINGS & SUPPLIES, INC**

Mailing Address: **4900 FALLS OF NEUSE RD, SUITE 150**

City, State Zip Country: **RALEIGH, NC 27609 USA**

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## TRANSACTION TYPE: STANDARD

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## COLLATERAL

INVENTORY, EQUIPMENT, TOOLS, ACCOUNTS RECEIVABLE, INSTRUMENTS, AND OTHER PERSONAL PROPERTY NOW OWNED OR HEREAFTER ACQUIRED AND ANY PROCEEDS OF THE FOREGOING.