

UCC-1 Form

FILER INFORMATION

Full name: SEAN COLE

Email Contact at Filer: SCOLE@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: DONNA RICCI LLC

Mailing Address: 679 QUAKER LANE

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

Org. Name: JENNINGS CAR CARE CTR INC

Mailing Address: 679 QUAKER LANE

City, State Zip Country: WEST WARWICK, RI 02893 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

COLLATERAL

COLLATERAL MEANS: (A) ALL EQUIPMENT AND MACHINERY, INCLUDING POWER-DRIVEN MACHINERY AND EQUIPMENT, FURNITURE AND FIXTURES NOW OWNED OR HEREAFTER ACQUIRED, TOGETHER WITH ALL REPLACEMENTS THEREOF, ALL ATTACHMENTS, ACCESSORIES, PARTS AND TOOLS BELONGING THERETO OR FOR USE IN CONNECTION THEREWITH. (B) ALL INVENTORY, RAW MATERIALS, WORK IN PROCESS AND SUPPLIES NOW OWNED OR HEREINAFTER ACQUIRED. (C) ALL ACCOUNTS RECEIVABLE NOW OUTSTANDING OR HEREAFTER ARISING. (D) ALL CONTRACT RIGHTS AND GENERAL INTANGIBLES NOW IN FORCE OR HEREAFTER ACQUIRED. NOTE: \$333,000.00 FIRST