

UCC-1 Form

FILER INFORMATION

Full name: CORPORATION SERVICE COMPANY

Email Contact at Filer: RISOSUCCFILINGSV3@CSCGLOBAL.COM

SEND ACKNOWLEDGEMENT TO

Contact name: CORPORATION SERVICE COMPANY

Mailing Address: 801 ADLAI STEVENSON DRIVE

City, State Zip Country: SPRINGFIELD, IL 62703 USA

DEBTOR INFORMATION

Org. Name: SHARK II INC.

Mailing Address: 1420 BROAD STREET

City, State Zip Country: CENTRAL FALLS, RI 02863 USA

Org. Name: SHARKS PERUVIAN CUISINE

Mailing Address: 1420 BROAD STREET

City, State Zip Country: CENTRAL FALLS, RI 02863 USA

Org. Name: EL TIBURON

Mailing Address: 1420 BROAD STREET

City, State Zip Country: CENTRAL FALLS, RI 02863 USA

Org. Name: KAISY LIQUORS, INC

Mailing Address: 1420 BROAD STREET

City, State Zip Country: CENTRAL FALLS, RI 02863 USA

Org. Name: SHARK LOUNGE

Mailing Address: 1420 BROAD STREET

City, State Zip Country: CENTRAL FALLS, RI 02863 USA

Org. Name: SHARK LOUNGE AND FUNCTION HALL

Mailing Address: 1420 BROAD STREET

City, State Zip Country: CENTRAL FALLS, RI 02863 USA

Org. Name: SHARK LUNCH RESTAURANT

Mailing Address: 1420 BROAD STREET

City, State Zip Country: CENTRAL FALLS, RI 02863 USA

Org. Name: SHARK, INC

Mailing Address: 1420 BROAD STREET

City, State Zip Country: CENTRAL FALLS, RI 02863 USA

Org. Name: SHARKS SPORTS BAR & RESTAURANT

Mailing Address: 1420 BROAD STREET

City, State Zip Country: CENTRAL FALLS, RI 02863 USA

Last Name (i.e. Family Name or Surname): **VALVERDE** *First Name:* **CARLOS**
Mailing Address: **1420 BROAD STREET**
City, State Zip Country: **CENTRAL FALLS, RI 02863 USA**

SECURED PARTY INFORMATION

Org. Name: **THE LCF GROUP, INC.**
Mailing Address: **3000 MARCUS AVENUE, SUITE 2W15**
City, State Zip Country: **LAKE SUCCESS, NY 11042 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2887 59674

COLLATERAL

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