Ξ							
U	CC FINANCING STATEMENT						
FO	LLOW INSTRUCTIONS						
A. Ná	NAME & PHONE OF CONTACT AT SUBMITTER (optional) ame: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 8	318-662-4141					
В	E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com	į					
C.	SEND ACKNOWLEDGMENT TO (Name and Address) 9878 - NEWT	EK SMALL					
Ιí		<u> </u>					
 	Lien Solutions 10019 P.O. Box 29071	4935					
l	Glendale, CA 91209-9071 RIRI						
L	Ede with Secretary of State Of	1					
ا	File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY CONTACT INFORMA	TION - THE	ABOVE SPAC	E IS FO	OR FILING	OFFICE USE	ONLY
	DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full n	•	• •			•	
п	ame will not fit in line 1b, leave all of item 1 blank, check here and provide th Ta_ORGANIZATION'S NAME	e Individual Debtor information in i	tem 10 of the Final	rong Sta	atement Adder	Mum (Form UC	C1Ad)
BREWMASTERS TAVERN							
OR	16 INDIVID.;AL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(SYMITIAL(S)		VICIAL(S)	SUFFIX
_							
	MAILING ADDRESS	CITY		STATE	POSTAL COD	Æ	COUNTRY
1152 & 1154 MAIN STREET		COVENTRY		RI • Oubton	02816	ny part of the lar	USA Incdual Deblor's
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name), if any part of the Institute							
	2a ORGANIZATION'S NAME						
OR	BELLA'S SPORTS PUB, INC.						
OIN	25 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITION	NAL NAME(SY#	NITIAL(S)	SUFFIX
2c	MAILING ADDRESS	aty		STATE	POSTAL COD	Œ	COUNTRY
1152 & 1154 MAIN STREET		COVENTRY		RI	02816		USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only one. Secured Party name (3a or 3b)							
	39 ORGANIZATION'S NAME NEWTEK SMALL BUSINESS FINANCE, LLC						
OR		FIRST PERSONAL NAME	NAME ADDITIONAL NAME(SYNITIAL(S) SUFFIX				Suffix
			1				
3c	MAILING ADDRESS	CITY		STATE	POSTAL CO	DE.	COUNTRY
	981 MARCUS AVENUE, SUITE 130	LAKE SUCCESS		NY	11042		USA
4 COLLATERAL, This financing statement covers the following collateral? ALL OF DEBTOR'S RIGHT, TITLE AND INTEREST IN ALL PERSONAL PROPERTY OF DEBTOR, NOW OWNED AND HEREAFTER ACQUIRED, OF EVERY KIND AND DESCRIPTION WHEREVER LOCATED, INCLUDING, WITHOUT LIMITATION: ALL ACCOUNTS AND ACCOUNTS RECEIVABLE, GENERAL INTANGIBLES, CHATTEL PAPER WHETHER TANGIBLE OR ELECTRONIC, INSTRUMENTS INCLUDING PROMISSORY NOTES, DOCUMENTS, GOODS INCLUDING RAW MATERIALS, WORK-IN-PROCESS AND FINISHED GOODS INCLUDING EMBEDDED SOFTWARE, AND ALL, ACCESSIONS TO ANY GOODS, MACHINERY, FURNITURE, INVENTORY, EQUIPMENT AND FIXTURES, INTELLECTUAL PROPERTY OF ANY KIND OR NATURE INCLUDING TRADEMARKS, SERVICEMARKS, PATENTS AND COPYRIGHTS WHETHER OR NOT RECORDED OR REGISTERED, LIQUOR LICENSES, BUSINESS LICENSES, LETTER OF CREDIT RIGHTS WHETHER OR NOT THE LETTER OF CREDIT IS EVIDENCED BY A WRITING, FINANCIAL ASSETS AND INVESTMENT PROPERTY, DEPOSIT ACCOUNTS WHETHER OR NOT MAINTAINED AT SECURED PARTY, COMMERCIAL TORT CLAIMS, SUPPORTING OBLIGATIONS, AND ANY AND ALL PRODUCTS AND PROCEEDS OF ANY OF THE FOREGOING, WHETHER NOW EXISTING OR HEREAFTER ARISING OR ACQUIRED IN AND TO ANY AND ALL ITEMS OF PERSONAL PROPERTY, TOGETHER WITH ALL ATTACHMENTS, ACCESSIONS AND EQUIPMENT NOW OR HEREAFTER AFFIXED THERETO OR USED IN CONNECTION THEREWITH, ALL SUBSTITUTIONS AND REPLACEMENTS THEREOF AND ANY PRODUCTS AND PROCEEDS THEREOF (THE "COLLATERAL")							
_	heck only if applicable and check only one box. Collateral is held in a Trust. Check only if applicable and check only one box.	(see UCC1Ad, item 17 and Instruc				edent's Persona	l Representative one box.
	Public-Finance Transaction Manufactured Home Transaction	A Debtor is a Transmitting U			ural Lien	Non-UCC I	
7 A	LESSee/Lessor C		eller/Buyer	Bail	ee/Bailor	Licens	ee/Licensor
0 0	OPTIONAL FILED DESCRENCE INTA						

RI SOS Filing Number: 202430903450 Date: 8/14/2024 9:04:00 AM

NSBF

167494

100194935