

UCC-1 Form

FILER INFORMATION

Full name: **FFE SERVICES LLC,AS REPRESENTATIVE**

Email Contact at Filer: **FFESERVICESLLC@GMAIL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **FFE SERVICES LLC,AS REPRESENTATIVE**

Mailing Address: **11501 SUNSET HILLS ROAD SUITE 400, ,**

City, State Zip Country: **RESTON, VA 20190 USA**

DEBTOR INFORMATION

Org. Name: **CATARINA'S ITALIAN RESTAURANT, INC.**

Mailing Address: **945 BOSTON NECK RD POLE 2537**

City, State Zip Country: **NARRAGANSETT, RI 02882 USA**

SECURED PARTY INFORMATION

Org. Name: **FFE SERVICES LLC,AS REPRESENTATIVE**

Mailing Address: **11501 SUNSET HILLS ROAD SUITE 400**

City, State Zip Country: **RESTON, VA 20190 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 301107

COLLATERAL

SEE ATTACHED