

UCC-1 Form

FILER INFORMATION

Full name: **DAVID PAOLO**

Email Contact at Filer: **PAOLO@SKYPATH.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **SKYPATH SECURITY, INC.**

Mailing Address: **PO BOX 124**

City, State Zip Country: **EAST GREENWICH, RI 02818 USA**

DEBTOR INFORMATION

Org. Name: **SKYPATH SECURITY, INC.**

Mailing Address: **PO BOX 124**

City, State Zip Country: **EAST GREENWICH, RI 02818 USA**

SECURED PARTY INFORMATION

Org. Name: **DAVID PAOLO**

Mailing Address: **60 WESTFIELD DR**

City, State Zip Country: **EAST GREEWICH, RI 02818 USA**

TRANSACTION TYPE: STANDARD

ALTERNATIVE DESIGNATION: CREDITOR

CUSTOMER REFERENCE: COMPENSATION OWED

COLLATERAL

ALL ASSETS INCLUDING PHYSICAL ASSETS FURNITURE, FIXTURES, MACHINERY, VEHICLES, CHECKING ACCOUNTS, INSURANCE SETTLEMENT PAYMENTS, MORTGAGES, CASH AND OR CASH EQUIVALENTS.