UCC-1 Form

FILER INFORMATION

Full name: **KATHLEEN BURTON**

Email Contact at Filer: **KATHYB@OCEANSTATEOIL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **OCEAN STATE OIL, INC.**

Mailing Address: **123 OCEAN STATE DRIVE**

City, State Zip Country: **NORTH KINGSTOWN, RI 02852 USA**

DEBTOR INFORMATION

Org. Name: **BOZZUTO'S INC.**

Mailing Address: **275 SCHOOLHOUSE ROAD**

City, State Zip Country: **CHESHIRE, CT 06410 USA**

SECURED PARTY INFORMATION

Org. Name: **OCEAN STATE OIL, INC.**

Mailing Address: **123 OCEAN STATE DRIVE**

City, State Zip Country: **NORTH KINGSTOWN, RI 02852 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: LOANED LUBRICANT EQUIPMENT

COLLATERAL

LOCATION - 224 SANDBANK ROAD, CHESHIRE, CT - (2) TANK MONITORS LOCATION - 400 NORTH FRONTAGE ROAD, NORTH HAVEN, CT - 330 GALLON TOTE AND MONITOR