

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: **NO, RI 02852 USA**

DEBTOR INFORMATION

Org. Name: **INTERNATIONAL AUTO REPAIR**

Mailing Address: **308 MILL STREET**

City, State Zip Country: **NEW BEDFORD, MA 02740 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

(1) 180 GALLON GRAVITY FEED TANK SET UP