UCC-1 Form

FILER INFORMATION

Full name: FRANCESCO A. ZINCONE

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SEND ACKNOWLEDGEMENT TO

Contact name:

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City, State Zip Country: HOPE, RI 02831 USA

DEBTOR INFORMATION

Org. Name: SASA ENTERPRIZE, INC.

Mailing Address: 550 ATWOOD AVENUE

City, State Zip Country: CRANSTON, RI 02920 USA

SECURED PARTY INFORMATION

Last Name (i.e. Family Name or Surname): **ZINCONE** First Name: **FRANK** Middle Name: **A** Suffix: **JR**. Mailing Address: **74 WHITE BIRCH CIRCLE** City, State Zip Country: **HOPE**, **RI 02831 USA**

Last Name (i.e. Family Name or Surname): ZINCONE First Name: SUSAN

Mailing Address: 74 WHITE BIRCH CIRCLE

City, State Zip Country: HOPE, RI 02831 USA

TRANSACTION TYPE: STANDARD ALTERNATIVE DESIGNATION: CREDITOR

COLLATERAL

ALL VEHICLES (INCLUDING, BUT NOT LIMITED TO, ALL USED VEHICLE INVENTORY) OWNED (DIRECTLY OR INDIRECTLY) BY AND/OR TITLED TO THE DEBTOR, WHICH IS A LICENSED USED VEHICLE DEALER LOCATED IN CRANSTON, RHODE ISLAND.