

UCC-1 Form

FILER INFORMATION

Full name: **BRIAN A. BLISS, ESQUIRE**

Email Contact at Filer: **BRIAN@WATKINSONBLISS.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **WATKINSON BLISS, LLC**

Mailing Address: **200 METRO CENTER BLVD, SUITE 7**

City, State Zip Country: **WARWICK, RI 02886 USA**

DEBTOR INFORMATION

Org. Name: **CPR FISHING, INC.**

Mailing Address: **1619A MINISTERIAL ROAD**

City, State Zip Country: **SOUTH KINGSTOWN, RI 02879 USA**

Last Name (i.e. Family Name or Surname): **REPOSA** First Name: **PETER**

Mailing Address: **1619A MINISTERIAL ROAD**

City, State Zip Country: **SOUTH KINGSTOWN, RI 02879 USA**

SECURED PARTY INFORMATION

Last Name (i.e. Family Name or Surname): **FOX** First Name: **JAMES** Middle Name: **R**

Mailing Address: **361D WOODRUFF AVENUE**

City, State Zip Country: **SOUTH KINGSTOWN, RI 02879 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

FISHING VESSEL ALEXIS MARTINA (O/N 638032, TOGETHER WITH ALL OF THE VESSEL'S GEAR, EQUIPMENT, FIXTURES AND FURNITURE, FISHERIES LICENSES AND PERMITS AND FISHERIES CATCH ALLOCATIONS AND QUOTAS.