

UCC-1 Form

FILER INFORMATION

Full name: **STEPHEN M LITWIN**

Email Contact at Filer: **ATTYSML@AOL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name:

Mailing Address: **116 ORANGE STREET**

City, State Zip Country: **PROVIDENCE, RI 02903 USA**

DEBTOR INFORMATION

Org. Name: **CARD, INC.**

Mailing Address: **143 HILL STREET**

City, State Zip Country: **COVENTRY, RI 02816 USA**

SECURED PARTY INFORMATION

Org. Name: **FROZEN DESERTS, LLC**

Mailing Address: **2077 ELMWOOD AVENUE**

City, State Zip Country: **WARWICK, RI 02888 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

ALL OF DEBTOR'S PRESENTLY OWNED AND HEREAFTER ACQUIRED MACHINERY AND EQUIPMENT, FURNITURE, FIXTURES, INVENTORY, ACCOUNTS RECEIVABLE, AND ALL OTHER TANGIBLE PERSONAL PROPERTY OF WHATEVER KIND OR NATURE, TOGETHER WITH ALL PRODUCTS THEREOF, AND ALL SUBSTITUTIONS, REPLACEMENTS, ADDITIONS AND ACCESSIONS THEREOF OR THERETO, AND ALL CASH OR NON-CASH PROCEEDS OF ALL OF THE FOLLOWING, INCLUDING INSURANCE PROCEEDS.