

UCC-1 Form

FILER INFORMATION

Full name: **CORPORATION SERVICE COMPANY**

Email Contact at Filer: **RISOSUCCFILINGSV3@CSCGLOBAL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CORPORATION SERVICE COMPANY**

Mailing Address: **801 ADLAI STEVENSON DRIVE**

City, State Zip Country: **SPRINGFIELD, IL 62703 USA**

DEBTOR INFORMATION

Org. Name: **CHEF'S CHOICE, INC.**

Mailing Address: **221 ADMIRAL ST**

City, State Zip Country: **PROVIDENCE, RI 02908 USA**

SECURED PARTY INFORMATION

Org. Name: **CORPORATION SERVICE COMPANY, AS REPRESENTATIVE**

Mailing Address: **PO BOX 2567, UCCSPREP@CSCGLOBAL.COM**

City, State Zip Country: **SPRINGFIELD, IL 62708 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 3053 19538

COLLATERAL

FUTURE RECEIPTS OF ACCOUNTS RECEIVABLE