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UCC-1 Form

FILER INFORMATION

Full name: CHRISTOPHER P. RHODES, ES Q.

Email Contact at Filer: CRHODES@H-RLAW.COM

SEND ACKNOWLEDGEMENT TO

Contact name: HARRINGTON & RHODES, LTD.

Mailing Address: 2750 SOUTH COUNTY TRAIL

City, State Zip Country: EAST GREENWICH, RI 02818 USA

DEBTOR INFORMATION

Org. Name: ALSD, LTD.

Mailing Address: 1604 Broad Street

City, State Zip Country: CRANSTON, RI 02905 USA

SECURED PARTY INFORMATION

Org. Name: NAVIGANT CREDIT UNION

Mailing Address: 1005 DOUGLAS PIKE

City, State Zip Country: SMITHFIELD, RI 02917 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: \$100,000 LOC

COLLATERAL

COLLATERAL MEANS ALL BUSINESS ASSETS INCLUDING BUT NOT LIMITED TO: (A) ALL EQUIPMENT AND MACHINERY, INCLUDING POWER-DRIVEN MACHINERY AND EQUIPMENT, FURNITURE AND FIXTURES NOW OWNED OR HEREAFTER ACQUIRED, TOGETHER WITH ALL REPLACEMENTS THEREOF, ALL ATTACHMENTS, ACCESSORIES, PARTS AND TOOLS BELONGING THERETO OR FOR USE IN CONNECTION THEREWITH; (B) ALL INVENTORY, RAW MATERIALS, WORK IN PROCESS AND SUPPLIES NOW OWNED OR HEREINAFTER ACQUIRED; (C) ALL ACCOUNTS RECEIVABLE NOW OUTSTANDING OR HEREAFTER ARISING, CHATTEL PAPER NOW IN FORCE OR HEREAFTER ACQUIRED; (D) ALL CONTRACT RIGHTS AND GENERAL INTANGIBLES NOW IN FORCE OR HEREAFTER ACQUIRED AND ANY AND ALL CLAIMS, RIGHTS AND INTERESTS IN ANY OF THE ABOVE AND ALL SUBSTITUTIONS FOR, ADDITIONS, ATTACHMENTS, ACCESSORIES, ACCESSIONS AND IMPROVEMENTS TO AND REPLACEMENTS, PRODUCTS, PROCEEDS AND INSURANCE PROCEEDS OF ANY OR ALL OF THE FOREGOING.