

UCC-1 Form

FILER INFORMATION

Full name: **MARCIANNE ANDREOZZI**

Email Contact at Filer: **OFFICEMANAGER@BOWENSWHARF.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **KIEL JAMES PATRICK ENTERPRISES**

Mailing Address: **3/5 BOWEN'S WHARF**

City, State Zip Country: **NEWPORT, RI 02840 USA**

DEBTOR INFORMATION

Org. Name: **KIEL JAMES PATRICK ENTERPRISES**

Mailing Address: **3/5 BOWEN'S WHARF**

City, State Zip Country: **NEWPORT, RI 02840 USA**

SECURED PARTY INFORMATION

Org. Name: **BOWEN'S WHARF COMPANY**

Mailing Address: **P.O. Box 60**

City, State Zip Country: **NEWPORT, RI 02840 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

ALL NON-INVENTORY ITEMS OF PERSONAL PROPERTY, INCLUDING FIXTURES, SITUATED ON THE FOLLOWING DESCRIBED PREMISES: 3 BOWEN'S WHARF AND 5 BOWEN'S WHARF, NEWPORT RI 02840