

UCC-1 Form

FILER INFORMATION

Full name: **KATHLEEN BURTON**

Email Contact at Filer: **KATHYB@OCEANSTATEOIL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **OCEAN STATE OIL, INC.**

Mailing Address: **123 OCEAN STATE DRIVE**

City, State Zip Country: **NORTH KINGSTOWN, RI 02852 USA**

DEBTOR INFORMATION

Org. Name: **MERRIMACK VALLEY DISTRUTING**

Mailing Address: **50 PRINCE STREET**

City, State Zip Country: **DANVERS, MA 01923 USA**

Org. Name: **OCEAN STATE OIL INC.**

Mailing Address: **123 OCEAN STATE DRIVE**

City, State Zip Country: **NORTH KINGSTOWN, RI 02852 USA**

SECURED PARTY INFORMATION

Org. Name: **OCEAN STATE OIL, INC.**

Mailing Address: **123 OCEAN STATE DRIVE**

City, State Zip Country: **NORTH KINGSTOWN, RI 02852 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: LOANED LUBRICANT EQUIPMENT

COLLATERAL

330 DEF TOTE., PUMP AND METER. GRACO DIGITAL METER