

UCC-1 Form

FILER INFORMATION

Full name: **BRIAN J. REILLY, ES Q.**

Email Contact at Filer: **BREILLY@PSH.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **PARTRIDGE SNOW & HAHN LLP**

Mailing Address: **40 WESTMINSTER STREET, SUITE 1100**

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

DEBTOR INFORMATION

Org. Name: **MONAHAN'S RESTAURANT, INC.**

Mailing Address: **82 ROBINSON STREET**

City, State Zip Country: **NARRAGANSETT, RI 02882 USA**

SECURED PARTY INFORMATION

Last Name (i.e. Family Name or Surname): **COMBS** First Name: **CLAYTON**

Mailing Address: **5 CRANE TERRACE**

City, State Zip Country: **NARRAGANSETT, RI 02882 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: **(C/M 32602-02)**

COLLATERAL

ALL ASSET OF DEBTOR, INCLUDING, BUT NOT LIMITED TO, ALL PERSONAL PROPERTY AND FIXTURES.