

# UCC-3 Form - Continuation

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## FILER INFORMATION

Full name: **CT LIEN SOLUTIONS** Phone: **(800)331-3282**

## CONTACT INFORMATION

Contact name: **CT LIEN SOLUTIONS**

Street #1: **P.O. BOX 29071**

Street #2: **ORDER:42202510**

City: **GLENDALE** State: **CA** ZIP: **91209-9071** Country: **USA**

Notification Method: **E-MAIL** Email: **SOSACK@UCCDIRECT.COM**

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## DEBTOR INFORMATION

Org. Name: **ROGER WILLIAMS UNIVERSITY**

Mailing Address1: **ONE OLD FERRY ROAD**

City: **BRISTOL** State: **RI** ZIP: **02809** Country: **USA**

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## SECURED PARTY INFORMATION

Org. Name: **MACQUARIE EQUIPMENT FINANCE, LLC**

Mailing Address1: **2285 FRANKLIN ROAD SUITE 100**

City: **BLOOMFIELD HILLS** State: **MI** ZIP: **48302** Country: **USA**

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**TRANSACTION TYPE: STANDARD**

**COLLATERAL IS / ADMINISTERED BY:**

**ALTERNATIVE DESIGNATION:**