

# 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:43437332**

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: **B & L PLASTICS, INC.**

Mailing Address1: **535 PROSPECT STREET**

City: **PAWTUCKET**    State: **RI**    ZIP: **02860-6200**    Country: **USA**

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## SECURED PARTY INFORMATION

Org. Name: **BANK OF AMERICA, N.A.**

Mailing Address1: **1075 MAIN STREET**

City: **WALTHAM**    State: **MA**    ZIP: **02451**    Country: **USA**

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**TRANSACTION TYPE: STANDARD**

**COLLATERAL IS / ADMINISTERED BY:**

**ALTERNATIVE DESIGNATION:**