

UCC-3 Form - Continuation

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FILER INFORMATION

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CONTACT INFORMATION

Contact name: **CT LIEN SOLUTIONS**

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

Street #2: **ORDER:53927109**

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

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

DEBTOR INFORMATION

Org. Name: **LALA LAND, LLC**

Mailing Address1: **1300 JEFFERSON BOULEVARD**

City: **WARWICK** State: **RI** ZIP: **02888** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **THE WASHINGTON TRUST COMPANY**

Mailing Address1: **236 CENTERVILLE ROAD**

City: **WARWICK** State: **RI** ZIP: **02886** Country: **USA**

TRANSACTION TYPE: STANDARD

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