

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:55811891**

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

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

DEBTOR INFORMATION

Org. Name: **FLARE BRICK OVEN BISTRO**

Mailing Address1: **577 TIOGUE AVENUE**

City: **COVENTRY** State: **RI** ZIP: **02816** Country: **USA**

Org. Name: **FLARE RESTAURANT & LOUNGE LLC**

Mailing Address1: **335 WAKEFIELD STREET**

City: **WEST WARWICK** State: **RI** ZIP: **02893** Country: **USA**

Org. Name: **FLARE RESTAURANT & LOUNGE, LLC**

Mailing Address1: **577 TIOGUE AVENUE**

City: **COVENTRY** State: **RI** ZIP: **02816** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **RICHMOND CASH ADVANCE**

Mailing Address1: **980 BROADWAY SUITE 232**

City: **THORNWOOD** State: **NY** ZIP: **10594** Country: **USA**

TRANSACTION TYPE: **STANDARD**

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