

# 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:57407603**

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: **RCJC, LLC**

Mailing Address1: **52 GLEN ROAD**

City: **CRANSTON** State: **RI** ZIP: **02920** Country: **USA**

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## **SECURED PARTY INFORMATION**

Org. Name: **WEBSTER BANK, NATIONAL ASSOCIATION**

Mailing Address1: **40 WESTMINSTER STREET, SUITE 204**

City: **PROVIDENCE** State: **RI** ZIP: **02903** Country: **USA**

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**TRANSACTION TYPE: STANDARD**

**COLLATERAL IS / ADMINISTERED BY:**

**ALTERNATIVE DESIGNATION:**