

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **WOLTERS KLUWER LIEN SOLUTIONS**

*Email Contact at Filer:* **CTLSWEBACK@WOLTERSKLUWER.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **LIEN SOLUTIONS**

*Mailing Address:* **P.O. Box 29071**

*City, State Zip Country:* **GLENDALE, CA 91209-9071 USA**

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## DEBTOR INFORMATION

*Org. Name:* **WEST BAY RESIDENTIAL SERVICES, INC.**

*Mailing Address:* **158 KNIGHT STREET**

*City, State Zip Country:* **WARWICK, RI 02886 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **BANK RHODE ISLAND**

*Mailing Address:* **ONE TURKS HEAD PLACE**

*City, State Zip Country:* **PROVIDENCE, RI 02903 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-64508026-55330067**

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## COLLATERAL

ALL ACCOUNTS, CHATTEL PAPER, INSTRUMENTS, PAYMENT INTANGIBLES, GENERAL INTANGIBLES, HEALTH-CARE-INSURANCE RECEIVABLES, AND TO THE EXTENT NOT OTHERWISE INCLUDED, ALL PROCEEDS, ALL ACCESSIONS AND ADDITIONS THERETO AND ALL SUBSTITUTIONS, RENEWALS AND REPLACEMENTS THEREFORE AND RENTAL PAYMENTS AND PRODUCTS OF ANY AND ALL OF THE FOREGOING.