

# 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:* **PRESERVE RHODE ISLAND**

*Mailing Address:* **957 NORTH MAIN STREET**

*City, State Zip Country:* **PROVIDENCE, RI 02904 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **THE WASHINGTON TRUST COMPANY, OF WESTERLY**

*Mailing Address:* **23 BROAD STREET**

*City, State Zip Country:* **WESTERLY, RI 02891 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-65327772-55501227**

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## COLLATERAL

ALL DEBTOR'S INTEREST IN ACCOUNT NUMBERED 7195-6248 HELD AT CHARLES SCHWAB & Co., INC.