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# **UCC-1 Form**

### 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

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## **DEBTOR INFORMATION**

Org. Name: HOUSE DOCTOR HOME INSPECTIONS INC

Mailing Address: 220 Providence Pike

City, State Zip Country: North Smithfield, RI 02896 USA

### SECURED PARTY INFORMATION

Org. Name: BANK RHODE ISLAND

Mailing Address: ONE TURKS HEAD PLACE

City, State Zip Country: PROVIDENCE, RI 02903 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-65484348-55526785

## **COLLATERAL**

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