

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**

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

DEBTOR INFORMATION

Org. Name: **MADRAG OF PAWTUCKET LLC**

Mailing Address: **50 ANN MARY STREET**

City, State Zip Country: **PAWTUCKET, RI 02860 USA**

SECURED PARTY INFORMATION

Org. Name: **JPMORGAN CHASE BANK, NA**

Mailing Address: **10 S. DEARBORN, FLOOR L2 IL1-1145**

City, State Zip Country: **CHICAGO, IL 60603-2300 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-66195483-55726478

COLLATERAL

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