

# 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:* **PAVILION AUTO SALES, INC.**

*Mailing Address:* **1211 CRANSTON ST**

*City, State Zip Country:* **CRANSTON, RI 02920 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **WEBSTER BANK, N.A.**

*Mailing Address:* **436 SLATER ROAD NB 145**

*City, State Zip Country:* **NEW BRITAIN, CT 06053 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-67925568-56341276**

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## COLLATERAL

WEBSTER BANK CD # XXXXXXXX0939