

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: **GLENDAL, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **ADVENT CAPITAL CONDUIT, LLC**

Mailing Address: **1481 ATWOOD AVENUE**

City, State Zip Country: **JOHNSTON, RI 02919 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-0-68362862-56508287

COLLATERAL

EQUIPMENT: ALL OF DEBTOR'S PRESENTLY OWNED AND HEREAFTER ACQUIRED MACHINERY AND EQUIPMENT (EXCLUDING AUTOMOTIVE EQUIPMENT), FURNITURE, FIXTURES, AND ALL OTHER TANGIBLE PERSONAL PROPERTY OF WHATEVER KIND OR NATURE, TOGETHER WITH ALL PRODUCTS THEREOF, AND ALL SUBSTITUTIONS, REPLACEMENTS, ADDITIONS AND ACCESSIONS THEREFOR OR THERETO, AND ALL CASH OR NON-CASH PROCEEDS OF ALL THE FOREGOING, INCLUDING INSURANCE PROCEEDS (ALL OF WHICH IS SOMETIMES HEREINAFTER REFERRED TO AS "EQUIPMENT") LOCATED AT 1440 ATWOOD AVENUE, JOHNSTON, RI. THE RECORD OWNER OF THE REAL ESTATE ON WHICH THE EQUIPMENT IS LOCATED IS ADVENT CAPITAL CONDUIT, LLC.