

# 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:* **BAR RI, LLC**

*Mailing Address:* **1400 POST ROAD**

*City, State Zip Country:* **WARWICK, RI 02888 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **THE HUNTINGTON NATIONAL BANK**

*Mailing Address:* **7 EASTON OVAL EA4C20**

*City, State Zip Country:* **COLUMBUS, OH 43219 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-68792275-56662764**

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## COLLATERAL

ALL ASSETS OF THE DEBTOR, WHETHER NOW OWNED OR HEREAFTER ACQUIRED.