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: **IANNOTTA TRANSPORT, INC.**

Mailing Address: **8 COLVINTOWN RD**

City, State Zip Country: **COVENTRY, RI 02816 USA**

Last Name (i.e. Family Name or Surname): **IANNOTTA** *First Name:* **FRANCO** *Middle Name:* **W**

Mailing Address: **3 ALMOND WAY**

City, State Zip Country: **COVENTRY, RI 02816 USA**

Last Name (i.e. Family Name or Surname): **IANNOTTA** *First Name:* **FRANCO**

Mailing Address: **3 ALMOND WAY**

City, State Zip Country: **COVENTRY, RI 02816 USA**

SECURED PARTY INFORMATION

Org. Name: **C T CORPORATION SYSTEM, AS REPRESENTATIVE**

Mailing Address: **330 N BRAND BLVD, SUITE 700; ATTN: SPRS**

City, State Zip Country: **GLENDALE, CA 91203 USA**

TRANSACTION TYPE: STANDARD
ALTERNATIVE DESIGNATION: LESSEE-LESSOR

CUSTOMER REFERENCE: RI-0-70171960-57170045

COLLATERAL

ALL ASSETS AND ACCOUNTS RECEIVABLE