

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: **SECOND GENERATIONS LLC**

Mailing Address: **345 WALCOTT ST**

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

Last Name (i.e. Family Name or Surname): **PEIRCE** *First Name:* **GARY**

Mailing Address: **345 WALCOTT ST**

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

Last Name (i.e. Family Name or Surname): **PEIRCE** *First Name:* **MARC**

Mailing Address: **345 WALCOTT ST**

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

SECURED PARTY INFORMATION

Org. Name: **VITALCAP FUND**

Mailing Address: **48 WALL STREET SUITE 1013**

City, State Zip Country: **NEW YORK, NY 10005 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-70493963-57299099

COLLATERAL

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