

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: **QUEENS TRANSPORTATION LLC**

Mailing Address: **242 ADELAIDE AVENUE**

City, State Zip Country: **PROVIDENCE, RI 02907 USA**

Org. Name: **QUEEN DELIVERY LLC**

Mailing Address: **242 ADELAIDE AVENUE**

City, State Zip Country: **PROVIDENCE, RI 02907 USA**

Org. Name: **JOSE L CABRERA RODRIGUEZ**

Mailing Address: **242 ADELAIDE AVENUE**

City, State Zip Country: **PROVIDENCE, RI 02907 USA**

Org. Name: **QUEENS TRANSPORTATION**

Mailing Address: **242 ADELAIDE AVENUE**

City, State Zip Country: **PROVIDENCE, RI 02907 USA**

Last Name (i.e. Family Name or Surname): **CABREJA RODRIGUEZ** *First Name:* **JOSE** *Middle Name:* **L**

Mailing Address: **242 ADELAIDE AVENUE**

City, State Zip Country: **PROVIDENCE, RI 02907 USA**

Last Name (i.e. Family Name or Surname): **CABREJA RODRIGUEZ** *First Name:* **JOSE**

Mailing Address: **242 ADELAIDE AVENUE**

City, State Zip Country: **PROVIDENCE, RI 02907 USA**

Last Name (i.e. Family Name or Surname): **CABREJA** *First Name:* **JOSE** *Middle Name:* **L**

Mailing Address: **242 ADELAIDE AVENUE**

City, State Zip Country: **PROVIDENCE, RI 02907 USA**

Last Name (i.e. Family Name or Surname): **CABREJA** *First Name:* **JOSE**

Mailing Address: **242 ADELAIDE AVENUE**

City, State Zip Country: **PROVIDENCE, RI 02907 USA**

Last Name (i.e. Family Name or Surname): **RODRIGUEZ** *First Name:* **JOSE** *Middle Name:* **L**

Mailing Address: **242 ADELAIDE AVENUE**

City, State Zip Country: **PROVIDENCE, RI 02907 USA**

Last Name (i.e. Family Name or Surname): **RODRIGUEZ** First Name: **JOSE**

Mailing Address: **242 ADELAIDE AVENUE**

City, State Zip Country: **PROVIDENCE, RI 02907 USA**

Last Name (i.e. Family Name or Surname): **CABRERA** First Name: **JOSE** Middle Name: **L**

Mailing Address: **242 ADELAIDE AVENUE**

City, State Zip Country: **PROVIDENCE, RI 02907 USA**

Last Name (i.e. Family Name or Surname): **CABRERA** First Name: **JOSE**

Mailing Address: **242 ADELAIDE AVENUE**

City, State Zip Country: **PROVIDENCE, RI 02907 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-0-70809057-57426119

COLLATERAL

ALL ASSETS AND ACCOUNTS RECEIVABLE