

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: **LACANTINA REALTY, LLC.**

Mailing Address: **105 DAVIS DRIVE**

City, State Zip Country: **PASCOAG, RI 02859 USA**

SECURED PARTY INFORMATION

Org. Name: **CAPITAL ONE, NATIONAL ASSOCIATION, AS ADMINISTRATIVE AGENT**

Mailing Address: **2 BETHESDA METRO CENTER SUITE 1000**

City, State Zip Country: **BETHESDA, MD 20814 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-71497799-57689210

COLLATERAL

ALL RIGHT, TITLE AND INTEREST IN AND TO ALL PERSONAL PROPERTY AND FIXTURES OF THE DEBTOR, WHETHER NOW OWNED OR EXISTING OR
HEREAFTER CREATED, ACQUIRED OR ARISING.