

# 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:* **LA GINESTRA, LLC**

*Mailing Address:* **105 DAVIS DRIVE**

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

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## 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**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-71497814-57689211**

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## 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.