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: **S RINGLAND CONSTRUCTION, INC.**

Mailing Address: **4 MEADOW VIEW DR**

City, State Zip Country: **ESMOND, RI 02917 USA**

SECURED PARTY INFORMATION

Org. Name: **TIMEPAYMENT CORP**

Mailing Address: **1600 DISTRICT AVE STE 200**

City, State Zip Country: **BURLINGTON, MA 01803 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-71580692-57721288

COLLATERAL

TRAILBLAZER 325 DIESEL SN# MK310072R