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: **HOMESTEAD BAKING CO.**

Mailing Address: **145 N BROADWAY**

City, State Zip Country: **RUMFORD, RI 02916 USA**

SECURED PARTY INFORMATION

Org. Name: **ROBERT REISER & CO., INC.**

Mailing Address: **725 DEDHAM STREET**

City, State Zip Country: **CANTON, MA 02021 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-71671432-57756954

COLLATERAL

ONE VEMAG MODEL HP12E CONTINUOUS STUFFER WITH WATERWHEEL WITH CUTOFF AND STAND AND WITH PARTS STORAGE CART AND WITH SPARE PARTS KIT