

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: **PROGRESO LATINO**

Mailing Address: **626 BROAD ST**

City, State Zip Country: **CENTRAL FALLS, RI 028632835 USA**

SECURED PARTY INFORMATION

Org. Name: **U.S. BANK EQUIPMENT FINANCE**

Mailing Address: **1310 MADRID STREET**

City, State Zip Country: **MARSHALL, MN 56258 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-71899594-57842998

COLLATERAL

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