

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: **EFFIE FILIPPOU'S TWISTED PIZZA, LLC**

Mailing Address: **567 SOUTH COUNTY TRAIL STE 107**

City, State Zip Country: **EXETER, RI 02822 USA**

SECURED PARTY INFORMATION

Org. Name: **AMERICAN EXPRESS NATIONAL BANK**

Mailing Address: **4315 SOUTH 2700 WEST**

City, State Zip Country: **SALT LAKE CITY, UT 84184 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-72701847-58148902

COLLATERAL

ALL ASSETS OF THE DEBTOR, WHETHER NOW OWNED OR HEREAFTER ACQUIRED OR ARISING