

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: **ANDREOZZI LANDSCAPING LLC**

Mailing Address: **33 BOARDMAN AVE**

City, State Zip Country: **CUMBERLAND, RI 02864 USA**

Last Name (i.e. Family Name or Surname): **ANDREOZZI** First Name: **RONALD** Middle Name: **A**

Mailing Address: **33 BOARDMAN AVE**

City, State Zip Country: **CUMBERLAND, RI 02864 USA**

SECURED PARTY INFORMATION

Org. Name: **KUBOTA CREDIT CORPORATION, U.S.A.**

Mailing Address: **PO Box 2046**

City, State Zip Country: **GRAPEVINE, TX 76099 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: **RI-0-73485775-58458844**

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