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: LUX G TRUCKING INC

Mailing Address: 27 HARRISON ST

City, State Zip Country: PROVIDENCE, RI 02909 USA

SECURED PARTY INFORMATION

Org. Name: C T CORPORATION SYSTEM, AS REPRESENTATIVE

Mailing Address: 330 N BRAND BLVD, SUITE 700; ATTN: SPRS

City, State Zip Country: GLENDALE, CA 91203 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-73627488-58511460

COLLATERAL

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