

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: **GLENDAL, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **KELLY'S SEAFOOD, INC**

Mailing Address: **211 GOODING AVE**

City, State Zip Country: **BRISTOL, RI 02809 USA**

SECURED PARTY INFORMATION

Org. Name: **LG FUNDING LLC**

Mailing Address: **1218 UNION ST.**

City, State Zip Country: **BROOKLYN, NY 11225 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-73955893-58631328

COLLATERAL

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