

# 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: **LANDSCAPES BY RALPH, INC.**

Mailing Address: **12 PINWOOD AVENUE**

City, State Zip Country: **JOHNSTON, RI 02919-6414 USA**

Last Name (i.e. Family Name or Surname): **MANCHESTER** First Name: **RALPH** Middle Name: **JOSEPH**

Mailing Address: **12 PINWOOD AVENUE**

City, State Zip Country: **JOHNSTON, RI 02919-6414 USA**

## SECURED PARTY INFORMATION

Org. Name: **NORTH MILL CREDIT TRUST**

Mailing Address: **50 WASHINGTON STREET 10TH FLOOR**

City, State Zip Country: **SOUTH NORWALK, CT 06854 USA**

## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-73986538-58642905**

## COLLATERAL

ALL EQUIPMENT LISTED ON CONTRACT AGREEMENT NUMBER C036556-A052482 CONSISTING OF 2020 KAWASAKI SCAG TIGEcat II 52 MOWER GC-3B 900s BAGGER SYSTEM S/N P3501201, SCAG 901E INSTALL KIT SCZ STC II 48/52, S/N P3800479 WITH ATTACHMENTS ON INVOICE #I-30800; VIN/SERIAL#: R2201137; 2019 RED-MAX 3 REDMAX EBZ8550 COMMERCIAL BACKPACK BLOWER 967 85 76-01 (S/N 20194201553, 20194201551, 20194201342); VIN/SERIAL#:20194201553 TOGETHER WITH ALL ACCESSORIES, ATTACHMENTS, REPLACEMENTS, SUBSTITUTIONS AND ACCESSIONS RELATED THERETO, ALONG WITH ALL CASH AND NON-CASH PROCEEDS (INCLUDING WITHOUT LIMITATION INDEMNITY CLAIMS, CLAIM PAYMENTS AND OTHER PROCEEDS RELATING TO INSURANCE), PRODUCTS AND RENTS THEREFROM.