

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: **RI COMMUNITIES FOR ADDICTION RECOVERY EFFORTS, INC.**

Mailing Address: **134 MATHEWSON ST.**

City, State Zip Country: **PROVIDENCE, RI 02903 USA**

SECURED PARTY INFORMATION

Org. Name: **WEBSTER BANK, N.A.**

Mailing Address: **436 SLATER ROAD NB 145**

City, State Zip Country: **NEW BRITAIN, CT 06053 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-74253587-58742582

COLLATERAL

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