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: **EAST COAST COUNTERTOP, INC.**

Mailing Address: **159 FRANCES AVENUE**

City, State Zip Country: **CRANSTON, RI 02910 USA**

SECURED PARTY INFORMATION

Org. Name: **MANUFACTURERS FINANCING SERVICES**

Mailing Address: **10370 SLUSHER DRIVE, SUITE 10**

City, State Zip Country: **SANTA FE SPRINGS, CA 90670 USA**

TRANSACTION TYPE: STANDARD
ALTERNATIVE DESIGNATION: LESSEE-LESSOR

CUSTOMER REFERENCE: RI-0-74473587-58832669

COLLATERAL

ONE (1) PARK INDUSTRIES SAW JET, MODEL NO. OPTIMUS 4200 EQUIPPED WITH ALL STANDARD AND TOGETHER WITH ALL REPLACEMENTS, PARTS, REPAIRS, ADDITIONS, ACCESSIONS AND ACCESSORIES INCORPORATED THEREIN OR AFFIXED OR ATTACHED THERETO.