

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: **PUI O, INC.**

Mailing Address: **521 ROOSEVELT AVENUE**

City, State Zip Country: **CENTRAL FALLS, RI 02863 USA**

SECURED PARTY INFORMATION

Org. Name: **EAST WEST BANK**

Mailing Address: **9300 FLAIR DRIVE 6TH FLOOR**

City, State Zip Country: **EL MONTE, CA 91731 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-75072672-59084233

COLLATERAL

ALL FINANCIAL CONTRACTS AND ALL PROCEEDS THEREOF, INCLUDING ALL ACCOUNTS, GENERAL INTANGIBLES AND INVESTMENT PROPERTY PAYABLE TO OR RECEIVABLE BY GRANTOR UNDER ANY FINANCIAL CONTRACT.