

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: **PROPERTY MASTERS LLC**

Mailing Address: **122 HAMLET AVE**

City, State Zip Country: **WOONSOCKET, RI 02169 USA**

Org. Name: **HSIAO WEI AND QING HUA MEI**

Mailing Address: **45 CHERRY STREET**

City, State Zip Country: **QUINCY, MA 02169 USA**

Org. Name: **GMM REALTY LLC**

Mailing Address: **122 HAMLET AVE**

City, State Zip Country: **WOONSOCKET, RI 02895 USA**

SECURED PARTY INFORMATION

Org. Name: **C T CORPORATION SYSTEM, AS REPRESENTATIVE**

Mailing Address: **330 N BRAND BLVD SUITE 700; ATTN: SPRS**

City, State Zip Country: **GLENDALE, CA 91203 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-75637787-59337902

COLLATERAL

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