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: **CHIMENTO CONSTRUCTION, INC.**

Mailing Address: **7 BRANBERRY DRIVE**

City, State Zip Country: **WESTERLY, RI 02891 USA**

Last Name (i.e. Family Name or Surname): **CHIMENTO** *First Name:* **TONY**

Mailing Address: **7 BRANBERRY DR**

City, State Zip Country: **WESTERLY, RI 02891 USA**

SECURED PARTY INFORMATION

Org. Name: **KUBOTA CREDIT CORPORATION, U.S.A.**

Mailing Address: **PO BOX 2046**

City, State Zip Country: **GRAPEVINE, TX 76099 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-76851381-59851003

COLLATERAL

KUBOTA SSV75PHFRC KBCZ141CVLJG26389 SL ISO AC CABHYD QCH FLOW AU;HLA ATTACHMENTS HD42B0500 20LA75465 *PALLET FORKS;KUBOTA AP-HD74LLC *74" HD LOW PROFILE BUCKET W ;