

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: **ANNESE CONSTRUCTION INC**

Mailing Address: **229 WATERMAN ST**

City, State Zip Country: **PROVIDENCE, RI 02906 USA**

Org. Name: **DOSCO INC**

Mailing Address: **175 HINES FARM RD**

City, State Zip Country: **CRANSTON, RI 02921 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: **GLENDAL, CA 91203 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-78033919-60313198

COLLATERAL

ALL ASSETS OF THE DEBTOR, NOW EXISTING AND HEREAFTER ARISING, WHEREVER LOCATED