

# UCC-1 Form

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## 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**

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## DEBTOR INFORMATION

*Last Name (i.e. Family Name or Surname):* **RODRIGUEZ** *First Name:* **MARIA**

*Mailing Address:* **185 PULASKI ST**

*City, State Zip Country:* **WEST WARWICK, RI 02893 USA**

*Org. Name:* **C & L PROPERTY SERVICES INC**

*Mailing Address:* **185 PULASKI ST**

*City, State Zip Country:* **WEST WARWICK, RI 02893 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **SHEFFIELD FINANCIAL, A DIVISION OF TRUIST BANK**

*Mailing Address:* **P O BOX 25127**

*City, State Zip Country:* **WINSTON-SALEM, NC 27114 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-79609069-60950857**

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## COLLATERAL

THE FOLLOWING LISTED EQUIPMENT: MAKE:WALKER; MODEL:MT27I; VIN/SN:21168954 ; MAKE:WALKER; MODEL:DC48; VIN/SN:D7198180  
ALONG WITH ALL ADDITIONS, MODIFICATIONS, AND EXCHANGES TO THE SUBJECT EQUIPMENT TO INCLUDE SPECIAL TOOLS  
AND EQUIPMENT NEEDED FOR ITS SERVICE AND REPAIR. AND ALL OTHER EQUIPMENT NOW OWNED AND HEREAFTER ACQUIRED  
THAT IS FINANCED BY SHEFFIELD FINANCIAL.