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: **STORM GUARDIAN, LLC**

Mailing Address: **25 GARDNER DRIVE**

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

SECURED PARTY INFORMATION

Org. Name: **STAR CAPITAL GROUP, L.P.**

Mailing Address: **801 CASSATT ROAD STE 200**

City, State Zip Country: **BERWYN, PA 19312 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-80044698-61137198

COLLATERAL

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