

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: **TWO BROTHERS MEAT MARKET LLC**

Mailing Address: **415 - 417 & 421 HARTFORD AVE**

City, State Zip Country: **PROVIDENCE, RI 02909 USA**

Org. Name: **LA GRAN VIA MEAT MARKET**

Mailing Address: **469 HARTFORD AVE**

City, State Zip Country: **PROVIDENCE, RI 02909 USA**

SECURED PARTY INFORMATION

Org. Name: **EASTERN FUNDING LLC**

Mailing Address: **213 WEST 35TH STREET SUITE 1000**

City, State Zip Country: **NEW YORK, NY 10001 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-80191975-61200481

COLLATERAL

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