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: **DON-MAY OF WAKEFIELD, INC**

Mailing Address: **128 MAIN ST**

City, State Zip Country: **WAKEFIELD, RI 02879 USA**

SECURED PARTY INFORMATION

Org. Name: **XEROX FINANCIAL SERVICES**

Mailing Address: **201 MERRITT 7**

City, State Zip Country: **NORWALK, CT 06856 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-80394022-61289912

COLLATERAL

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