

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: **R & P CONSTRUCTION INCORPORATED**

Mailing Address: **30 STARR ST.**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

SECURED PARTY INFORMATION

Org. Name: **KOMATSU FINANCIAL LIMITED PARTNERSHIP**

Mailing Address: **8770 W BRYN MAWR AVE SUITE 100**

City, State Zip Country: **CHICAGO, IL 60631 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-80634007-61395460

COLLATERAL

ONE (1) VOLVO EC480DL EXCAVATOR, S/N# 210054. COMPLETE WITH ALL PRESENT ATTACHMENTS, ACCESSORIES, REPLACEMENT PARTS, ADDITIONS AND ALL PROCEEDS THEREOF.