

UCC-1 Form

FILER INFORMATION

Full name: **ONLINE DEPT.**

Email Contact at Filer: **ONLINE@FICOSO.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **FIRST CORPORATE SOLUTIONS INC.**

Mailing Address: **914 S STREET**

City, State Zip Country: **SACRAMENTO, CA 95811 USA**

DEBTOR INFORMATION

Org. Name: **LAMINATED PRODUCTS INC**

Mailing Address: **308 EAST SCHOOL STREET**

City, State Zip Country: **WOONSOCKET, RI 02895 USA**

Org. Name: **WOONSOCKET LAMINATED PRODUCTS**

Mailing Address: **308 EAST SCHOOL STREET**

City, State Zip Country: **WOONSOCKET, RI 02895 USA**

Org. Name: **WOONSOCKET LAMINATED PRODUCTS, INC.**

Mailing Address: **308 EAST SCHOOL STREET**

City, State Zip Country: **WOONSOCKET, RI 02895 USA**

SECURED PARTY INFORMATION

Org. Name: **ADVANTAGE PLATFORM SERVICES INC.**

Mailing Address: **104 E 25TH ST, 10TH FLOOR**

City, State Zip Country: **NEW YORK, NY 10010 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: [UCC1-697738]

COLLATERAL

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