

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: **405QL HOLDINGS, LLC**

Mailing Address: **6964 POST ROAD**

City, State Zip Country: **NORTH KINGSTOWN, RI 02852 USA**

SECURED PARTY INFORMATION

Org. Name: **BANK RHODE ISLAND**

Mailing Address: **ONE TURKS HEAD PLACE**

City, State Zip Country: **PROVIDENCE, RI 02903 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-81106144-61606337

COLLATERAL

PURSUANT TO RHODE ISLAND GENERAL LAWS S6A-9-402(2)(c), THIS FINANCING STATEMENT IS BEING FILED TO PERFECT A SECURITY INTEREST IN THE COLLATERAL DESCRIBED IN THE LAPSED FINANCING STATEMENT BEARING FILING NO. 201109923850, BETWEEN FOREGOING DEBTOR AND SECURED PARTY ORIGINALLY FILED ON 05/18/2011 @ 12:17 PM.