

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: **CAPITAL VENTURES CORPORATION**

Mailing Address: **44 BEDSON RD.**

City, State Zip Country: **CRANSTON, RI 02910 USA**

SECURED PARTY INFORMATION

Org. Name: **C T CORPORATION SYSTEM, AS REPRESENTATIVE**

Mailing Address: **330 N BRAND BLVD, SUITE 700; ATTN: SPRS**

City, State Zip Country: **GLENDALE, CA 91203 USA**

Org. Name: **CIT BANK, N.A.**

Mailing Address: **10201 CENTURION PKWY N., #100**

City, State Zip Country: **JACKSONVILLE, FL 32256 USA**

TRANSACTION TYPE: STANDARD

ALTERNATIVE DESIGNATION: LESSEE-LESSOR

CUSTOMER REFERENCE: RI-0-81184989-61639324

COLLATERAL

ALL EQUIPMENT AND OTHER PERSONAL PROPERTY, NOW OR HEREAFTER THE SUBJECT OF THE THAT CERTAIN AGREEMENT, RELATING TO EQUIPMENT FINANCE AGREEMENT #08913MG21, DATED 2021-06-25 BETWEEN THE CREDITOR AND DEBTOR, TOGETHER WITH ALL ATTACHMENTS, ADDITIONS, ACCESSORIES, SUBSTITUTIONS AND REPLACEMENTS THERETO, ANY AND ALL INSURANCE AND OTHER PROCEEDS OF THE FOREGOING.