

# UCC-1 Form

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## 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**

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## DEBTOR INFORMATION

*Org. Name:* **KRENT/PAFFETT/CARNEY, INC.**

*Mailing Address:* **1 CHARLES ST**

*City, State Zip Country:* **PROVIDENCE, RI 02904 USA**

*Last Name (i.e. Family Name or Surname):* **CARNEY** *First Name:* **JOHN** *Middle Name:* **F**

*Mailing Address:* **383 ROCHAMBEAU AVE**

*City, State Zip Country:* **PROVIDENCE, RI 02906 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **FORWARD FUND**

*Mailing Address:* **1274 49TH ST SUITE 197**

*City, State Zip Country:* **BROOKLYN, NY 11219 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-81581064-61815400**

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## COLLATERAL

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