

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: **GLENDAL, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **SKS GENERAL CONTRACTING & EXCAVATION LLC.**

Mailing Address: **1763 PLAINFIELD PIKE**

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

Last Name (i.e. Family Name or Surname): **SODERSTROM** *First Name:* **SAMUEL** *Middle Name:* **KARL**

Mailing Address: **21 TUDOR ST**

City, State Zip Country: **CRANSTON, RI 02920 USA**

Org. Name: **INTIMIDATION AUTO ACCESSORIES & TINT INC**

Mailing Address: **1763 PLAINFIELD PIKE**

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

SECURED PARTY INFORMATION

Org. Name: **MERCHANT CAPITAL**

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

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

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-82890457-62348989

COLLATERAL

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