

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: **EURO MOTOR CARS, INC.**

Mailing Address: **938 MAIN STREET**

City, State Zip Country: **WEST WARWICK, RI 02893 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: **GLENDAL, CA 91203 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-83053332-62418759

COLLATERAL

ALL EQUIPMENT FINANCED, OR TO BE FINANCED FOR THE DEBTOR BY THE SECURED PARTY, UNDER THE TERMS OF THE EQUIPMENT FINANCE AGREEMENT #154712 DATED 10-20-2021 INCLUDING WITHOUT LIMITATION, ALL PRODUCTS, PROCEEDS, ACCESSIONS, RENEWALS, REVISIONS AND SUBSTITUTIONS OF THE FOREGOING.