

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: **OCEAN TIDES INC.**

Mailing Address: **635 OCEAN ROAD**

City, State Zip Country: **NARRAGANSETT, RI 02882 USA**

SECURED PARTY INFORMATION

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

Mailing Address: **10201 CENTURION PARKWAY NORTH SUITE 100**

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

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-83078033-62428389

COLLATERAL

THIS IS A TRUE LEASE. THIS UCC-1 FINANCING STATEMENT IS BEING FILED FOR INFORMATIONAL PURPOSES ONLY. ALL DESCRIBED COLLATERAL HEREIN FALLS WITHIN THE SCOPE OF ARTICLE 9 OF THE UNIFORM COMMERCIAL CODE. RH41402717