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: BURRILLVILLE MOTOR SALES, INC.

Mailing Address: 260 SOUTH MAIN ST.

City, State Zip Country: PASCOAG, RI 02859 USA

SECURED PARTY INFORMATION

Org. Name: AUTOMOTIVE FINANCE CORPORATION

Mailing Address: 11299 N. ILLINOIS STREET

City, State Zip Country: CARMEL, IN 46032 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-83182378-62470902

COLLATERAL

ALL OF DEBTORS ASSETS AND PROPERTIES WHEREVER LOCATED, INCLUDING WITHOUT LIMITATION: ACCOUNTS, CHATTEL PAPER, DEPOSIT ACCOUNTS, DOCUMENTS, EQUIPMENT, FIXTURES, INVENTORY AND OTHER GOODS, GENERAL INTANGIBLES, INSTRUMENTS, INSURANCE POLICIES, INVESTMENT PROPERTY, LETTER OF CREDIT RIGHTS, MONEY, SOFTWARE, SUPPORTING OBLIGATIONS, AND TITLES, NOW OWNED OR HEREAFTER ACQUIRED BY DEBTOR; ANY AND ALL PROCEEDS, PRODUCTS, ADDITIONS, ACCESSIONS, ACCESSORIES, AND REPLACEMENTS OF THE FOREGOING; AND ALL OF DEBTORS COMPUTER RECORDS, BUSINESS PAPERS, LEDGER SHEETS, FILES, BOOKS, AND RECORDS RELATING TO THE FOREGOING, NOW OWNED OR HEREAFTER ACQUIRED.