

# 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:* **TRITON COLLISION CENTER LLC**

*Mailing Address:* **626 MAIN STREET**

*City, State Zip Country:* **PAWTUCKET, RI 02860 USA**

*Org. Name:* **TRITON COLLISION CENTER, LLC**

*Mailing Address:* **626 MAIN STREET**

*City, State Zip Country:* **PAWTUCKET, RI 02860 USA**

*Org. Name:* **24/7 AUTO SALES**

*Mailing Address:* **626 MAIN STREET**

*City, State Zip Country:* **PAWTUCKET, RI 02860 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **KINETIC ADVANTAGE, LLC**

*Mailing Address:* **10333 N MERIDIAN ST SUITE 400**

*City, State Zip Country:* **CARMEL, IN 46290 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-83239689-62494728**

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## COLLATERAL

ALL PERSONAL PROPERTY TANGIBLE AND INTANGIBLE, INCLUDING, BUT NOT LIMITED TO: MOTOR VEHICLE INVENTORY, PROCEEDS FROM THE SALE OF INVENTORY, ACCOUNTS RECEIVABLE, NOTES, INSTALLMENT SALES AGREEMENTS, LEASES, ACCOUNTS, PARTS INVENTORY, FURNITURE, FIXTURES AND EQUIPMENT.