

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: **BRADFORD SOAP INTERNATIONAL, INC.**

Mailing Address: **200 PROVIDENCE ST.**

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

SECURED PARTY INFORMATION

Org. Name: **DDI LEASING, INC.**

Mailing Address: **221 SOMERVILLE ROAD**

City, State Zip Country: **BEDMINSTER, NJ 07921 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-83785560-62712819

COLLATERAL

THIS FILING COVERS THE HARDWARE, SOFTWARE, AND OTHER EQUIPMENT AS MORE FULLY DESCRIBED AND CONTAINED ON LEASE SCHEDULE NUMBER TSM05607A TO MASTER AGREEMENT DATED DECEMBER 6, 2021.