

# 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:* **GLENDAL, CA 91209-9071 USA**

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## DEBTOR INFORMATION

*Org. Name:* **IYRS SCHOOL OF TECHNOLOGY & TRADES**

*Mailing Address:* **449 THAMES STREET, SUITE 111**

*City, State Zip Country:* **NEWPORT, RI 02840 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **THE WASHINGTON TRUST COMPANY**

*Mailing Address:* **23 BROAD STREET**

*City, State Zip Country:* **WESTERLY, RI 02891 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-83788838-62715746**

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## COLLATERAL

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