

# 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:* **SALVATORE AND SONS LLC**

*Mailing Address:* **122 NORTH RIVER DRIVE**

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

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## SECURED PARTY INFORMATION

*Org. Name:* **THE WASHINGTON TRUST COMPANY, OF WESTERLY**

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

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

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-84717945-63095830**

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## COLLATERAL

ALL OF DEBTOR'S PERSONAL PROPERTY AND FIXTURES, INCLUDING THE FOLLOWING, NOW OWNED OR HEREAFTER ACQUIRED BY DEBTOR OR IN WHICH DEBTOR HAS OR MAY HEREAFTER ACQUIRE AN INTEREST, WHETHER NOW EXISTING OR HEREAFTER ARISING, AND ALL PRODUCTS AND PROCEEDS THEREOF; INVENTORY, EQUIPMENT, FIXTURES, ACCOUNTS, GENERAL INTANGIBLES, LETTER-OF-CREDIT RIGHTS, DEPOSIT ACCOUNTS, CHATTEL PAPER, INSTRUMENTS, DOCUMENTS AND INVESTMENT PROPERTY, AND BOOKS AND RECORDS WITH RESPECT TO ALL OF THE FOREGOING. PROPERTY LOCATED AT: 904 BOSTON NECK ROAD, NARRAGANSETT, RI 02882