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: **945 WARREN AVENUE, LLC**

Mailing Address: **945 WARREN AVE**

City, State Zip Country: **EAST PROVIDENCE, RI 02914 USA**

Last Name (i.e. Family Name or Surname): **MORRIS** *First Name:* **JOAN** *Middle Name:* **MARY**

Mailing Address: **21 APPLEJACK LANE**

City, State Zip Country: **SEEKONK, MA 02771 USA**

SECURED PARTY INFORMATION

Org. Name: **KUBOTA CREDIT CORPORATION, U.S.A.**

Mailing Address: **PO BOX 2046**

City, State Zip Country: **GRAPEVINE, TX 76099 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-86485264-63831242

COLLATERAL

KUBOTA L4060HSTC KBUL5BHCLM8J49732 *4WD HST CAB TRACTOR;KUBOTA LA805 C6532 *FRONT LOADER WGRILL GUARDQ.;