

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: **RYANNA, LLC**

Mailing Address: **628 GEORGE WASHINGTON HIGHWAY**

City, State Zip Country: **LINCOLN, RI 02865 USA**

Last Name (i.e. Family Name or Surname): **ANDREONI** *First Name:* **GLENN** *Middle Name:* **J.**

Mailing Address: **10 CRANBERRY LANE**

City, State Zip Country: **NORTH SMITHFIELD, RI 02896 USA**

SECURED PARTY INFORMATION

Org. Name: **BANK RHODE ISLAND**

Mailing Address: **ONE TURKS HEAD PLACE**

City, State Zip Country: **PROVIDENCE, RI 02903 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-87742502-64380856

COLLATERAL

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