

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: **NARRAGANSETT RUBBISH REMOVAL, INC.**

Mailing Address: **11 WATTS WAY**

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

SECURED PARTY INFORMATION

Org. Name: **BERKSHIRE BANK**

Mailing Address: **24 NORTH STREET**

City, State Zip Country: **PITTSFIELD, MA 01202-1308 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-88654030-64772693

COLLATERAL

EQUIPMENT WITH A SERIAL NUMBER OF 23774V ATTACHED TO 2023 MACK TRUCK MODEL MD742 VIN# 1M2MDBAB6PS071781