

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: **RHODE ISLAND INTER-LOCAL RISK MANAGEMENT TRUST, INC.**

Mailing Address: **501 WANPANOAG TRAIL SUITE 301**

City, State Zip Country: **EAST PROVIDENCE, RI 02915 USA**

SECURED PARTY INFORMATION

Org. Name: **LEAF CAPITAL FUNDING, LLC AND/OR ITS ASSIGNS**

Mailing Address: **2005 MARKET STREET 14TH FLOOR**

City, State Zip Country: **PHILADELPHIA, PA 19103 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-88873462-64871544

COLLATERAL

THE FOLLOWING ITEMS OF EQUIPMENT: (2) CANON C5860I COPIER SYSTEMS IN ADDITION, THE COLLATERAL ALSO SHALL INCLUDE ALL PARTS, ACCESSORIES, ACCESSIONS AND ATTACHMENTS THERETO, AND ALL REPLACEMENTS, SUBSTITUTIONS AND EXCHANGES (INCLUDING TRADE-INS).