

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **C250I**

*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:* **RHODE ISLAND BLOOD CENTER**

*Mailing Address:* **405 PROMENADE STREET**

*City, State Zip Country:* **PROVIDENCE, RI 02940 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **FIRST-CITIZENS BANK & TRUST COMPANY**

*Mailing Address:* **10201 CENTURION PARKWAY N. SUITE 100**

*City, State Zip Country:* **JACKSONVILLE, FL 32256 USA**

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## TRANSACTION TYPE: STANDARD

**ALTERNATIVE DESIGNATION: BAILEE-BAILOR**

**CUSTOMER REFERENCE: RI-0-89071125-64947780**

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## COLLATERAL

THIS IS A TRUE LEASE. THIS UCC-1 FINANCING STATEMENT IS BEING FILED FOR INFORMATIONAL PURPOSES ONLY. ALL DESCRIBED COLLATERAL HEREIN FALLS WITHIN THE SCOPE OF ARTICLE 9 OF THE UNIFORM COMMERCIAL CODE. THE COLLATERAL ALSO INCLUDES ALL CURRENTLY EXISTING AND FUTURE ATTACHMENTS, PARTS, ACCESSORIES AND ADD-ONS FOR ALL OF THE FOREGOING EQUIPMENT, AND ALL PRODUCTS AND PROCEEDS THEREOF. SERIALNO