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: **RHODE ISLAND TILE DISTRIBUTORS, INC.**

Mailing Address: **55 INDUSTRIAL RD**

City, State Zip Country: **CRANSTON, RI 02920 USA**

SECURED PARTY INFORMATION

Org. Name: **BFG CORPORATION**

Mailing Address: **2801 LAKESIDE DRIVE SUITE 212**

City, State Zip Country: **BANNOCKBURN, IL 60015 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-89121962-64968966

COLLATERAL

1 NEW CROWN SP3500 FORKLIFT; 1 NEW V-FORCE 12-125-15 BATTERY; 1 NEW V-FORCE FS3-MP344-2 CHARGER SN 10500034 THIS FINANCING STATEMENT IS FILED FOR NOTICE PURPOSES ONLY AND THE FILING THEREOF SHALL NOT BE DEEMED EVIDENCE OF ANY INTENTION TO CREATE A SECURITY INTEREST UNDER THE UNIFORM COMMERCIAL CODE.