

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: **ALLSTATE PAINTING & RESTORATION INC**

Mailing Address: **47 CEDAR SWAMP ROAD UNIT 11**

City, State Zip Country: **SMITHFIELD, RI 02917 USA**

Org. Name: **ALLSTATE PAINTING & RESTORATION**

Mailing Address: **47 CEDAR SWAMP ROAD UNIT 11**

City, State Zip Country: **SMITHFIELD, RI 02917 USA**

Org. Name: **J PINE WOODWORKING LLC**

Mailing Address: **47 CEDAR SWAMP ROAD UNIT 11**

City, State Zip Country: **SMITHFIELD, RI 02917 USA**

Org. Name: **J PINE WOODWORKING**

Mailing Address: **47 CEDAR SWAMP ROAD UNIT 11**

City, State Zip Country: **SMITHFIELD, RI 02917 USA**

Org. Name: **PHP GENERAL CONTRACTING**

Mailing Address: **47 CEDAR SWAMP ROAD UNIT 11**

City, State Zip Country: **SMITHFIELD, RI 02917 USA**

Last Name (i.e. Family Name or Surname): **PINHEIRO** *First Name:* **PAUL**

Mailing Address: **3 KINGS FOREST LANE**

City, State Zip Country: **WEST WARWICK, RI 02893 USA**

SECURED PARTY INFORMATION

Org. Name: **C T CORPORATION SYSTEM, AS REPRESENTATIVE**

Mailing Address: **330 N BRAND BLVD SUITE 700; ATTN: SPRS**

City, State Zip Country: **GLENDALE, CA 91203 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-89210998-65000498

COLLATERAL

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