

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: **PREMIER PROPERTY MANAGEMENT LLC**

Mailing Address: **2 CHARLES STREET BUILDING C, 3RD FLOOR**

City, State Zip Country: **PROVIDENCE, RI 02904 USA**

Org. Name: **RESI, LLC**

Mailing Address: **2 CHARLES ST 3C**

City, State Zip Country: **PROVIDENCE, RI 02904 USA**

Org. Name: **HUS GROUP INC.**

Mailing Address: **1800 RENDON ROAD, #108**

City, State Zip Country: **CUMBERLAND, RI 02904 USA**

Org. Name: **HUS LLC**

Mailing Address: **15 GOLF VIEW DRIVE**

City, State Zip Country: **HINGHAM, MA 02043 USA**

Org. Name: **HUS LLC**

Mailing Address: **155 HULL ST**

City, State Zip Country: **CHASSET, MA 02025 USA**

Org. Name: **HUS HOLDINGS LLC**

Mailing Address: **159 MAIN ST. STE 100**

City, State Zip Country: **NASHUA, NH 03060 USA**

Org. Name: **HUS PROPERTY MANAGEMENT, LLC**

Mailing Address: **2 CHARLES STREET**

City, State Zip Country: **PROVIDENCE, RI 02904 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: **GLENDAL, CA 91203 USA**

TRANSACTION TYPE: STANDARD

ALTERNATIVE DESIGNATION: SELLER-BUYER

CUSTOMER REFERENCE: RI-0-90095210-65366828

COLLATERAL

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