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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: SITE SPECIFIC LLC

Mailing Address: 141 GANO ST

City, State Zip Country: PROVIDENCE, RI 02906 USA

SECURED PARTY INFORMATION

Org. Name: XEROX FINANCIAL SERVICES

Mailing Address: 201 MERRITT 7

City, State Zip Country: NORWALK, CT 06856 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-90286837-65451268

COLLATERAL

One - New Xerox C7125180129, One - New HP T1600180130, One - New Xerox C60180131, together with all attachments, accessories, replacements, replacement parts, substitutions, additions, proceeds and repairs thereto. This filing is for protective purposes only. Nothing contained in this financing statement, nor the filing thereof, shall be deemed to construe the lease, or the leasing of the Equipment thereunder, as a conditional sale or installment sale agreement, a lease in the nature of a security agreement or anything other than a true lease of personal property.