

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: **ROB LEVINE & ASSOCIATES, LTD.**

Mailing Address: **544 DOUGLAS AVENUE**

City, State Zip Country: **PROVIDENCE, RI 02908 USA**

SECURED PARTY INFORMATION

Org. Name: **ESQUIRE BANK, NATIONAL ASSOCIATION**

Mailing Address: **100 JERICHO QUADRANGLE, SUITE 100**

City, State Zip Country: **JERICHO, NY 11753 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-90726373-65649746

COLLATERAL

ALL ASSETS OF DEBTOR, WHEREVER LOCATED, WHETHER NOW OWNED OR EXISTING OR HEREAFTER ACQUIRED OR ARISING, TOGETHER WITH ALL PROCEEDS THEREOF.