

# UCC-1 Form

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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**

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## DEBTOR INFORMATION

*Org. Name:* **EASTERN MANUFACTURING COMPANY**

*Mailing Address:* **9 HUMBERT STREET**

*City, State Zip Country:* **NORTH PROVIDENCE, RI 02911 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **MANUFACTURERS FINANCING SERVICES**

*Mailing Address:* **10370 SLUSHER DRIVE, SUITE 10**

*City, State Zip Country:* **SANTA FE SPRINGS, CA 90670 USA**

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**TRANSACTION TYPE: STANDARD**

**ALTERNATIVE DESIGNATION: SELLER-BUYER**

**CUSTOMER REFERENCE: RI-0-90961219-65749604**

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## COLLATERAL

ONE (1) NISSEI INJECTION MOLDING MACHINE, MODEL No. FNX180IIIA-36A EQUIPPED WITH ALL STANDARD AND TOGETHER WITH ALL REPLACEMENTS, PARTS, REPAIRS, ADDITIONS, ACCESSIONS AND ACCESSORIES INCORPORATED THEREIN OR AFFIXED OR ATTACHED THERETO.