

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: **CHARLESTOWN MINI-SUPER, INC.**

Mailing Address: **4071 OLD POST RD**

City, State Zip Country: **CHARLESTOWN, RI 02813-2553 USA**

SECURED PARTY INFORMATION

Org. Name: **LEAF CAPITAL FUNDING, LLC**

Mailing Address: **8100 SANDPIPER CIR SUITE 300**

City, State Zip Country: **BALTIMORE, MD 21236 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-91061201-65791696

COLLATERAL

THE FOLLOWING ITEMS OF EQUIPMENT : POINT OF SALE / COMPUTER EQUIPMENT ACCESSORIES IN ADDITION, THE COLLATERAL ALSO SHALL INCLUDE ALL PARTS, ACCESSORIES, ACCESSIONS AND ATTACHMENTS THERETO, AND ALL REPLACEMENTS, SUBSTITUTIONS AND EXCHANGES (INCLUDING TRADE-INS).