

# 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: **CARTER BROS. INC.**

Mailing Address: **188 PASCOAG MAIN STREET**

City, State Zip Country: **BURRILLVILLE, RI 02859 USA**

Org. Name: **CARA CARTER**

Mailing Address: **188 PASCOAG MAIN STREET**

City, State Zip Country: **BURRILLVILLE, RI 02859 USA**

Org. Name: **CARTER BROS. INC.**

Mailing Address: **188 PASCOAG MAIN STREET**

City, State Zip Country: **BURRILLVILLE, RI 02859 USA**

Org. Name: **GLENDALE OIL SERVICE, INC.**

Mailing Address: **188 PASCOAG MAIN STREET**

City, State Zip Country: **BURRILLVILLE, RI 02859 USA**

Last Name (i.e. Family Name or Surname): **CARTER** First Name: **CARA** Middle Name: **L.**

Mailing Address: **125 LAUREL HILL AVENUE**

City, State Zip Country: **PASCOAG, RI 02859 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: **GLENDALE, CA 91203 USA**

## TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: **RI-0-91372551-65910184**

## COLLATERAL

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