

# 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:* **GLENDAL, CA 91209-9071 USA**

---

## DEBTOR INFORMATION

*Org. Name:* **FIRST NATIONAL TITLE & ESCROW LLC**

*Mailing Address:* **1100 AQUIDNECK AVE**

*City, State Zip Country:* **MIDDLETOWN, RI 02842 USA**

*Last Name (i.e. Family Name or Surname):* **PATTI** *First Name:* **STEPHEN**

*Mailing Address:* **16 RELIANCE DR 16 RELIANCE**

*City, State Zip Country:* **BRISTOL, RI 02809 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:* **GLENDAL, CA 91203 USA**

---

## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-91585352-66002426**

---

## COLLATERAL

"FOR INFORMATIONAL PURPOSES ONLY" BREACH OF COMMERCIAL CONTRACT CASE 30-2023-01307645-CU-CL-CJC FILED IN ORANGE COUNTY SUPERIOR COURT- CENTRAL AGAINST FIRST NATIONAL TITLE & ESCROW LLC LESSEE, AND STEPHEN P. PATTI, PERSONAL GUARANTOR, DAMAGES SOUGHT \$25,408.00.