

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: **RHODE ISLAND READY MIX, LLC**

Mailing Address: **101 HIGH RIDGE DR. S.**

City, State Zip Country: **SOUTH KINGSTON, RI 02879 USA**

SECURED PARTY INFORMATION

Org. Name: **SIGNATURE FINANCIAL LLC**

Mailing Address: **12100 NE 195TH STREET SUITE 315**

City, State Zip Country: **BOTHELL, WA 98011 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-92614662-66441880

COLLATERAL

ONE (1) 2022 OSHKOSH MODEL S-2204 S-SERIES FRONT DISCHARGE MIXER EQUIPPED WITH MIXER DRUM - VIN/SN : 10TAFLGF6NS821609 / L18091 TOGETHER WITH ALL PRESENT AND FUTURE ATTACHMENTS, ACCESSORIES, ADDITIONS, ACCESSIONS, PARTS AND SUPPLIES, AND ANY REPLACEMENTS THEREOF, INSTALLED IN, AFFIXED TO, OR USED IN CONNECTION WITH SAID PROPERTY AND ALL PROCEEDS OF SAID PROPERTY.