

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: **NARDONE CONSTRUCTION, INC.**

Mailing Address: **14 INDUSTRIAL DRIVE**

City, State Zip Country: **WESTERLY, RI 02891 USA**

SECURED PARTY INFORMATION

Org. Name: **UNIVEST CAPITAL, INC.**

Mailing Address: **1041 YORK ROAD**

City, State Zip Country: **WARMINSTER, PA 18974 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-93183578-66682676

COLLATERAL

EQUIPMENT AS LISTED AND DESCRIBED ON WESTERN FORMS INVOICE INV29535 DATED 5/22/2023, FROM CONTRACT # 40114040 TOGETHER WITH ALL SUBSTITUTIONS, ADDITIONS, ATTACHMENTS, REPLACEMENTS, ACCESSIONS, INSURANCE PROCEEDS, ADDITIONAL EQUIPMENT AS MAY BE INCLUDED ON THE SUPPLIER(S)' INVOICE(S) SUBMITTED FOR PAYMENT WITH REGARDS TO THIS CONTRACT AND ALL CASH AND NON-CASH PROCEEDS OF THE FOREGOING.