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: ASLC OPCO RI I, LLC

Mailing Address: 4 SAINT JOSEPH ST.

City, State Zip Country: WOONSOCKET, RI 02895 USA

SECURED PARTY INFORMATION

Org. Name: CIT BANK, N.A. Mailing Address: 10201 CENTURION PARKWAY NORTH SUITE 100 City, State Zip Country: JACKSONVILLE, FL 32256 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-93557091-66840518

COLLATERAL

THIS IS A TRUE LEASE. THIS UCC-1 FINANCING STATEMENT IS BEING FILED FOR INFORMATIONAL PURPOSES ONLY. ALL DESCRIBED COLLATERAL HEREIN FALLS WITHIN THE SCOPE OF ARTICLE 9 OF THE UNIFORM COMMERCIAL CODE. THE COLLATERAL ALSO INCLUDES ALL CURRENTLY EXISTING AND FUTURE ATTACHMENTS, PARTS, ACCESSORIES AND ADD-ONS FOR ALL OF THE FOREGOING EQUIPMENT, AND ALL PRODUCTS AND PROCEEDS THEREOF. XEROX 8045 8TB582764 XEROX 8045 8TB582747 XEROX 5330 AE7177126 XEROX 5330 AE7176477