

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: **THE ORIGINAL BRADFORD SOAP WORKS, INC.**

Mailing Address: **200 PROVIDENCE STREET**

City, State Zip Country: **WEST WARWICK, RI 02893 USA**

SECURED PARTY INFORMATION

Org. Name: **BANK OF AMERICA, N.A., AS ADMINISTRATIVE AGENT**

Mailing Address: **ONE BRYANT PARK**

City, State Zip Country: **NEW YORK, NY 10036 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-93834115-66946409

COLLATERAL

ALL PRESENT AND FUTURE ASSETS OF DEBTOR, WHEREVER LOCATED, TOGETHER WITH ALL PROCEEDS AND PRODUCTS THEREOF.