

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: **ROMANA MUFFLER REPAIR, INC.**

Mailing Address: **11 LENOX AVE**

City, State Zip Country: **PROVIDENCE, RI 02907-1907 USA**

SECURED PARTY INFORMATION

Org. Name: **SNAP-ON CREDIT LLC**

Mailing Address: **950 TECHNOLOGY WAY, SUITE 301**

City, State Zip Country: **LIBERTYVILLE, IL 60048 USA**

TRANSACTION TYPE: STANDARD

ALTERNATIVE DESIGNATION: LESSEE-LESSOR

CUSTOMER REFERENCE: RI-0-94307703-67157788

COLLATERAL

TOOLS AND EQUIPMENT AND OTHER GOODS, MORE SPECIFICALLY, LISTED ON THE EQUIPMENT LEASE EXECUTED IN RELATION TO OR SUBSEQUENT TO THIS FILING. IN ADDITION TO THE EXTENT OF ANY PURCHASE MONEY SECURITY INTEREST GRANTED IN THE COLLATERAL LISTED ON THE REFERENCED EQUIPMENT LEASE, THE COLLATERAL SHALL INCLUDE ALL PROCEEDS (INCLUDING INSURANCE PROCEEDS AND CLAIMS), ACCESSIONS, ATTACHMENTS, ADDITIONS, SUBSTITUTIONS, AND REPLACEMENTS TO AND OF SUCH ITEMS (THE FOREGOING AND THE COLLATERAL LISTED ON THE REFERENCED EQUIPMENT LEASE ARE COLLECTIVELY REFERRED TO AS "COLLATERAL").