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# **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

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## **DEBTOR INFORMATION**

Org. Name: GRAVINO ENTERPRISES LTD

Mailing Address: 889 OAKLAND BEACH AVE
City, State Zip Country: WARWICK, RI 02889 USA

## SECURED PARTY INFORMATION

Org. Name: BANK RHODE ISLAND

Mailing Address: ONE TURKS HEAD PLACE

City, State Zip Country: PROVIDENCE, RI 02903 USA

TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-94409914-67202120** 

## COLLATERAL

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