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: **TOP SHELL, LLC**

Mailing Address: **55 CONDUIT STREET**

City, State Zip Country: **LINCOLN, RI 02865 USA**

SECURED PARTY INFORMATION

Org. Name: **ROBERT REISER AND COMPANY**

Mailing Address: **725 DEDHAM STREET**

City, State Zip Country: **CANTON, MA 02021 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-94570451-67273157

COLLATERAL

ONE BENIER VERTICAL ROUNDER BC04B