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: **THE EARLY LEARNING CENTERS OF RHODE ISLAND LLC**

Mailing Address: **2260 S COUNTY TRL**

City, State Zip Country: **EAST GREENWICH, RI 02818 USA**

SECURED PARTY INFORMATION

Org. Name: **FIRST BANK RICHMOND**

Mailing Address: **PO BOX 1145**

City, State Zip Country: **RICHMOND, IN 47375-1145 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-94999110-67431325

COLLATERAL

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