

# UCC-1 Form

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## 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**

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## DEBTOR INFORMATION

*Org. Name:* **CRANSTON COLLISION CENTER SALES AND SERVICE,**

*Mailing Address:* **30 WALNUT GROVE AVE**

*City, State Zip Country:* **CRANSTON, RI 02920 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **KUBOTA CREDIT CORPORATION, U.S.A.**

*Mailing Address:* **PO BOX 2046**

*City, State Zip Country:* **GRAPEVINE, TX 76099 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-95353892-67595303**

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## COLLATERAL

KUBOTA B2601HSD-1 KBUB6BHRLN1C80735 \*4WD TRA WFOLDABLE ROPS;KUBOTA LA435 C5790 \*FRT LDR WGRILL  
GUARDB-01 SE;