

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: **GLENDAL, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **SEASIDE SCOOPS, LLC**

Mailing Address: **225 GODDARD ROW**

City, State Zip Country: **NEWPORT, RI 02840 USA**

SECURED PARTY INFORMATION

Org. Name: **NORTH STAR LEASING A DIVISION OF PEOPLES BANK**

Mailing Address: **PO Box 4505**

City, State Zip Country: **BURLINGTON, VT 05406 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-97758805-68663450

COLLATERAL

(1) EMERY THOMPSON MODEL 24 NW-IOC 24 QT. WATER COOLED BATCH FREEZER, AND ALL OTHER ITEMS ON INVOICE # 30108565,
DATED 2/13/24