

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: **BLOSSOM LAUNDRY, INC.**

Mailing Address: **65-77 MANTON AVE**

City, State Zip Country: **PROVIDENCE, RI 02909 USA**

Org. Name: **BLOSSOM LAUNDRY, INC.**

Mailing Address: **13 HILLDALE AVE**

City, State Zip Country: **HAVERHILL, MA 01832 USA**

Org. Name: **BLOSSOM LAUNDRY, INC.**

Mailing Address: **711-723 SOMERVILLE AVE**

City, State Zip Country: **SOMERVILLE, MA 02143 USA**

SECURED PARTY INFORMATION

Org. Name: **EASTERN FUNDING LLC**

Mailing Address: **213 WEST 35TH STREET SUITE 2W**

City, State Zip Country: **NEW YORK, NY 10001 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-97838106-68700910

COLLATERAL

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