

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: **NARRAGANSETT RUBBISH REMOVAL, INC.**

Mailing Address: **11 WALTZ WAY**

City, State Zip Country: **NARRAGANSETT, RI 02882 USA**

SECURED PARTY INFORMATION

Org. Name: **BERKSHIRE BANK**

Mailing Address: **66 WEST STREET**

City, State Zip Country: **PITTSFIELD, MA 01202-1308 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-98236148-68893379

COLLATERAL

PURCHASE MONEY SECURITY INTEREST IN 2024 REARLOADER SERIAL NUMBER 21244MX281366219