

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: **MUTUAL DEVELOPMENT CORPORATION**

Mailing Address: **1 JAMES P MURPHY IND HWY**

City, State Zip Country: **WEST WARWICK, RI 02893 USA**

Last Name (i.e. Family Name or Surname): **SOSCIA** First Name: **STEPHEN** Middle Name: **G**

Mailing Address: **63 POJAC POINT ROAD**

City, State Zip Country: **NORTH KINGSTOWN, RI 02852 USA**

SECURED PARTY INFORMATION

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

Mailing Address: **PO Box 2046**

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

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: **RI-0-99028792-69270239**

COLLATERAL

KUBOTA LX4020HSDC KBUBDBHCKP1L11038 4WD TRACTOR WAIR CONDITIONED ;KUBOTA LA545 A1184 LDR WGRL GUARD & 2-LEV - LX20;KUBOTA LX2963 22207544 63" RESIDENTIAL SNOWBLOWER;LAND PRIDE FDR2572 2199281 FD REAR DISCHARGE 25 SERIES 72;