

# UCC-1 Form

## FILER INFORMATION

Full name: **CORPORATION SERVICE COMPANY**

Email Contact at Filer: **RISOSUCCFILINGSV3@CSCGLOBAL.COM**

## SEND ACKNOWLEDGEMENT TO

Contact name: **CORPORATION SERVICE COMPANY**

Mailing Address: **801 ADLAI STEVENSON DRIVE**

City, State Zip Country: **SPRINGFIELD, IL 62703 USA**

## DEBTOR INFORMATION

Org. Name: **WOONSOCKET LAMINATED PRODUCTS INC**

Mailing Address: **308 E SCHOOL ST**

City, State Zip Country: **WOONSOCKET, RI 02895 USA**

Last Name (i.e. Family Name or Surname): **LARSON** First Name: **ROBERT** Middle Name: **J**

Mailing Address: **308 E SCHOOL ST**

City, State Zip Country: **WOONSOCKET, RI 02895 USA**

## SECURED PARTY INFORMATION

Org. Name: **CORPORATION SERVICE COMPANY, AS REPRESENTATIVE**

Mailing Address: **PO Box 2576 UCCSPREP@CSCINFO.COM**

City, State Zip Country: **SPRINGFIELD, IL 62708 USA**

## TRANSACTION TYPE: STANDARD

## CUSTOMER REFERENCE: 2843 28053

## COLLATERAL

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