RI SOS Filing Number: 20243				
UCC FINANCING STATEMENT				
FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)				
Name: Wolters Kluwer Lien Solutions Phone. 800-331-326	82 Fax: 818-662-4141			
B. E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com				
C. SEND ACKNOWLFDGMFNT TO. (Name and Address)	_			
Lien Solutions	99132328			
P.O. Box 29071				
Glendale, CA 91209-9071	RIRI			
File with County of Charles DI	1			
File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY CONTACT II	NEORMATION — THE	ABOVE SPACE IS	FOR FILING OFFICE L	ISE ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use				
	d provide the Individual Debtor information in ite			
1# ORGANIZATIONS NAME				
A. A. Wrecking Co., Inc.				
16 INDIVIDUACS SURNAME	FIRST PERSONAL NAME	TIDCA	IONAL NAME(S)/INITIAL(S)	SUFFIX
:c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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EQUIPMENT			
Quantity	Equipment Description	Serial #	
1	2020 CATERPILLAR 336	YBN10254	
1	2015 KW	1XKDP4TX2FJ430438	

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