

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: OCEAN STATE FORKLIFTS, INC.

Mailing Address: 22 HOLLISTER RD

City, State Zip Country: SEEKONK, MA 02771 USA

SECURED PARTY INFORMATION

Org. Name: WELLS FARGO BANK, N.A.

Mailing Address: 800 WALNUT STREET, F0005-044

City, State Zip Country: DES MOINES, IA 50309 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 301-0148901-021 2850 76420

COLLATERAL

THE EQUIPMENT DESCRIBED BELOW AND ALL EQUIPMENT PARTS, ACCESSORIES, SUBSTITUTIONS, ADDITIONS, ACCESSIONS AND REPLACEMENTS THERETO AND THEREOF, NOW OR HEREAFTER INSTALLED IN, AFFIXED TO, OR USED IN CONJUNCTION THEREWITH AND THE PROCEEDS THEREOF, TOGETHER WITH ALL INSTALLMENT PAYMENTS, INSURANCE PROCEEDS, OTHER PROCEEDS AND PAYMENTS DUE AND TO BECOME DUE ARISING FROM OR RELATING TO SAID EQUIPMENT. 2023 UNICARRIERS MCP1F2A25LV FORKLIFT S/N CP1F29W40713