

# 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: **GLENDAL, CA 91209-9071 USA**

## DEBTOR INFORMATION

Org. Name: **PARENT SUPPORT NETWORK OF RHODE ISLAND INC**

Mailing Address: **535 CENTERVILLE ROAD SUITE 202**

City, State Zip Country: **WARWICK, RI 02886 USA**

Org. Name: **RHODE ISLAND COALITION FOR CHILDREN & FAMILIES EDUCATION FUND, INC.**

Mailing Address: **623 ATWELLS AVE 2ND FLOOR**

City, State Zip Country: **PROVIDENCE, RI 02909 USA**

Org. Name: **RHODE ISLAND COALITION FOR CHILDREN & FAMILIES, INC**

Mailing Address: **623 ATWELLS AVE, 2ND FLOOR**

City, State Zip Country: **PROVIDENCE, RI 02909 USA**

Last Name (i.e. Family Name or Surname): **CONLAN** First Name: **LISA** Middle Name: **A**

Mailing Address: **49 CUCUMBER HILL ROAD**

City, State Zip Country: **FOSTER, RI 02825 USA**

## SECURED PARTY INFORMATION

Org. Name: **C T CORPORATION SYSTEM, AS REPRESENTATIVE**

Mailing Address: **330 N BRAND BLVD SUITE 700, ATTN SPRS**

City, State Zip Country: **GLENDAL, CA 91203 USA**

## TRANSACTION TYPE: STANDARD

## CUSTOMER REFERENCE: RI-0-99259233-69379223

## COLLATERAL

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