

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: **NORTHSTAR EQUIPMENT AND SUPPLY II, LLC**

Mailing Address: **2200 HARTFORD AVENUE**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

SECURED PARTY INFORMATION

Org. Name: **BANK RHODE ISLAND**

Mailing Address: **ONE TURKS HEAD PLACE**

City, State Zip Country: **PROVIDENCE, RI 02903 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-99648610-69569135

COLLATERAL

ALL ASSETS OF THE DEBTOR, WHETHER NOW OWNED, OR HEREAFTER ACQUIRED, AND INCLUDING, WITHOUT LIMITATION, RECEIVABLES, INVENTORY, EQUIPMENT AND GENERAL INTANGIBLES, ALONG WITH ALL ACCESSIONS AND ADDITIONS THERETO, AND ALL SUBSTITUTIONS, RENEWALS, AND REPLACEMENTS THEREOF, AND RENTAL PAYMENTS AND PRODUCTS OF ANY AND ALL THE FOREGOING.