

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: **CENTRAL FALLS DETENTION FACILITY CORPORATION**

Mailing Address: **950 HIGH ST**

City, State Zip Country: **CENTRAL FALLS, RI 02863 USA**

SECURED PARTY INFORMATION

Org. Name: **XEROX FINANCIAL SERVICES**

Mailing Address: **201 MERRITT 7**

City, State Zip Country: **NORWALK, CT 06856 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-100057889-69753940

COLLATERAL

ONE - NEW XEROX C8135H2 287476, ONE - NEW XEROX B415DN 287477, ONE - NEW XEROX B415DN 287478, ONE - NEW XEROX B8145H2 287479, ONE - NEW XEROX B310DNI 287480, ONE - NEW XEROX B310DNI 287481 TOGETHER WITH ALL ATTACHMENTS, ACCESSORIES, REPLACEMENTS, REPLACEMENT PARTS, SUBSTITUTIONS, ADDITIONS, PROCEEDS AND REPAIRS THERETO. THIS FILING IS FOR PROTECTIVE PURPOSES ONLY. NOTHING CONTAINED IN THIS FINANCING STATEMENT, NOR THE FILING THEREOF, SHALL BE DEEMED TO CONSTRUER THE LEASE, OR THE LEASING OF THE EQUIPMENT THEREUNDER, AS A CONDITIONAL SALE OR INSTALLMENT SALE AGREEMENT, A LEASE IN THE NATURE OF A SECURITY AGREEMENT OR ANYTHING OTHER THAN A TRUE LEASE OF PERSONAL PROPERTY.