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: **MATERIALS EQUIPMENT CORP.**

Mailing Address: **618 GREENVILLE RD**

City, State Zip Country: **NORTH SMITHFIELD, RI 02896 USA**

SECURED PARTY INFORMATION

Org. Name: **PROVIDENT BANK**

Mailing Address: **166 CHANGEBRIDGE RD**

City, State Zip Country: **MONTVILLE, NJ 07045 USA**

TRANSACTION TYPE: **STANDARD**

ALTERNATIVE DESIGNATION: **BAILEE-BAILOR**

CUSTOMER REFERENCE: **RI-0-100301265-69867240**

COLLATERAL

2024 FORD F350 SUPER DUTY PICKUP TRUCK VIN 1FT8W3BM3RED90269 AND ALL PRODUCTS, PROCEEDS AND ATTACHMENTS.