

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: **WARWICK ICE CREAM COMPANY**

Mailing Address: **743 BALD HILL ROAD**

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

SECURED PARTY INFORMATION

Org. Name: **DARIFILL, INC.**

Mailing Address: **750 GREEN CREST DR.**

City, State Zip Country: **WESTERVILLE, OH 43081-2837 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-100669864-70035317

COLLATERAL

DARIFILL INC. OWNED EQUIPMENT USED IN THE MANUFACTURE OF ICE CREAM/FROZEN SPECIALTIES INCLUDING BUT NOT LIMITED TO: SN26060S - GEMINI, INCLUDES CHANGE PARTS AND ADDITIONS. IN ADDITION, ALL PROCEEDS, AND PRODUCTS OF THE COLLATERAL, INCLUDING BUT NOT LIMITED TO ALL CASH, ACCOUNTS, CHATTEL PAPER, INSTRUMENTS, INVESTMENT PROPERTY, AND GENERAL INTANGIBLES ARISING FROM THE SALE, RENT, LEASE, CASUALTY LOSS OR OTHER DISPOSITION OF THE COLLATERAL, AND ALL INSURANCE CLAIMS RELATING TO ANY OF THE COLLATERAL.