

# 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: **LARRY GIORGI PLUMBING, HEATING & CONSTRUCTION, INC.**

Mailing Address: **4 SHERWOOD AVENUE**

City, State Zip Country: **NORTH PROVIDENCE, RI 02911 USA**

## SECURED PARTY INFORMATION

Org. Name: **TD BANK, NATIONAL ASSOCIATION**

Mailing Address: **1701 ROUTE 70 EAST**

City, State Zip Country: **CHERRY HILL, NJ 08034 USA**

## TRANSACTION TYPE: STANDARD

## CUSTOMER REFERENCE: RI-0-101694458-70516792

## COLLATERAL

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