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: **KCW BAGELS II, LLC**

Mailing Address: **1480 MINERAL SPRING AVE**

City, State Zip Country: **NORTH PROVIDENCE,, RI 02904 USA**

Org. Name: **PROVIDENCE BAGEL**

Mailing Address: **1480 MINERAL SPRING AVE**

City, State Zip Country: **NORTH PROVIDENCE,, RI 02904 USA**

Org. Name: **KCW MANAGEMENT, LLC**

Mailing Address: **1480 MINERAL SPRING AVE**

City, State Zip Country: **NORTH PROVIDENCE,, RI 02904 USA**

Org. Name: **KCW BAGELS III LLC**

Mailing Address: **99 FORTIN RD,**

City, State Zip Country: **KINGSTON, RI 02881 USA**

Org. Name: **PROVIDENCE BAGEL**

Mailing Address: **99 FORTIN RD,**

City, State Zip Country: **KINGSTON, RI 02881 USA**

SECURED PARTY INFORMATION

Org. Name: **C T CORPORATION SYSTEM, AS REPRESENTATIVE**

Mailing Address: **330 N BRAND BLVD, SUITE 700, ATTN SPRS**

City, State Zip Country: **GLENDALE, CA 91203 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-101705174-70523026

COLLATERAL

RECEIVABLES AND PROCEEDS THEREOF.