

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: **TRUE QUALITY CONSTRUCTION LLC**

Mailing Address: **57 SUMTER ST**

City, State Zip Country: **CRANSTON, RI 02907 USA**

Org. Name: **BLACK CONTRACTORS ASSOCIATION**

Mailing Address: **57 SUMTER ST**

City, State Zip Country: **CRANSTON, RI 02907 USA**

Org. Name: **TRUE QUALITY IMPROVEMENT**

Mailing Address: **57 SUMTER ST**

City, State Zip Country: **CRANSTON, RI 02907 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: **GLENDAL, CA 91203 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-101719455-70529655

COLLATERAL

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