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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: SHIVSHAKTI, INC.

Mailing Address: 110 Post Road

City, State Zip Country: WESTERLY, RI 02891 USA

SECURED PARTY INFORMATION

Org. Name: WESTERLY COMMUNITY CREDIT UNION

Mailing Address: 4979 TOWER HILL RD

City, State Zip Country: WAKEFIELD, RI 02879 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-102055632-70686891

COLLATERAL

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