

UCC-1 Form

FILER INFORMATION

Full name: CORPORATION SERVICE COMPANY

Email Contact at Filer: RISOSUCCFILINGSV3@CSCGLOBAL.COM

SEND ACKNOWLEDGEMENT TO

Contact name: CORPORATION SERVICE COMPANY

Mailing Address: 801 ADLAI STEVENSON DRIVE

City, State Zip Country: SPRINGFIELD, IL 62703 USA

DEBTOR INFORMATION

Org. Name: CONTRACTORS SUPPLY, INC.

Mailing Address: 3340 PAWTUCKET AVE.

City, State Zip Country: EAST PROVIDENCE, RI 02915 USA

SECURED PARTY INFORMATION

Org. Name: VFS US LLC

Mailing Address: P.O. Box 26131

City, State Zip Country: GREENSBORO, NC 27402 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 501-7838297-003 3004 71202

COLLATERAL

2025 MACK MD642, VIN 1M2MDBAA3SS017287 WITH THE FOLLOWING EQUIPMENT OR ACCESSORIES: FLATBED W/MOFFETT; TOGETHER WITH ALL PARTS, ACCESSORIES, ATTACHMENTS, SUBSTITUTIONS, REPAIRS, IMPROVEMENTS AND REPLACEMENTS AND ANY AND ALL CASH AND NON-CASH PROCEEDS THEREOF, INCLUDING, WITHOUT LIMITATION, INSURANCE PROCEEDS. THE COLLATERAL SET FORTH HEREIN IS WITHIN THE SCOPE OF ARTICLE 9 OF THE UNIFORM COMMERCIAL CODE AS ENACTED IN THE STATE OF THIS FILING.