

# UCC-1 Form

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## 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**

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## 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**

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## 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**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-102933299-71102096**

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## COLLATERAL

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