

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: **PIER ICE PLANT INC**

Mailing Address: **132 KINGSTOWN ROAD**

City, State Zip Country: **NARRAGANSETT, RI 02882 USA**

SECURED PARTY INFORMATION

Org. Name: **THE WASHINGTON TRUST COMPANY, OF WESTERLY**

Mailing Address: **23 BROAD STREET**

City, State Zip Country: **WESTERLY, RI 02891 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-103008010-71137006

COLLATERAL

ALL OF DEBTOR'S PERSONAL PROPERTY AND FIXTURES, INCLUDING THE FOLLOWING, NOW OWNED OR HEREAFTER ACQUIRED BY DEBTOR OR IN WHICH DEBTOR HAS OR MAY HEREAFTER ACQUIRE AN INTEREST, WHETHER NOW EXISTING OR HEREAFTER ARISING, AND ALL PRODUCTS AND PROCEEDS THEREOF; INVENTORY, EQUIPMENT, FIXTURES, ACCOUNTS, GENERAL INTANGIBLES, LETTER-OF-CREDIT RIGHTS, DEPOSIT ACCOUNTS, CHATTEL PAPER, INSTRUMENTS, DOCUMENTS AND INVESTMENT PROPERTY, AND BOOKS AND RECORDS WITH RESPECT TO ALL OF THE FOREGOING. PROPERTY LOCATED AT: 132 KINGSTOWN RD., NARRAGANSETT, RI 02882