# 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:* **THE PERRY GROUP, LLC**

*Mailing Address:* **317 IRON HORSE WAY #100**

*City, State Zip Country:* **PROVIDENCE, RI 02908 USA**

## SECURED PARTY INFORMATION

*Org. Name:* **WEBSTER BANK, N.A.**

*Mailing Address:* **200 EXEC. BLVD. SOUTH SO 152**

*City, State Zip Country:* **SOUTHINGTON, CT 06489 USA**

## TRANSACTION TYPE: STANDARD

## CUSTOMER REFERENCE: RI-0-103127593-71189875

## COLLATERAL

ALL BUSINESS ASSETS