

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: **GLENDAL, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **LEHA ENTERPRISES, LTD.**

Mailing Address: **150 WATERMAN ST STE 1**

City, State Zip Country: **PROVIDENCE, RI 02906 USA**

Org. Name: **COZY CORNER CHILDCARE CENTER AND PRESCHOOL**

Mailing Address: **150 WATERMAN ST STE 1**

City, State Zip Country: **PROVIDENCE, RI 02906 USA**

Last Name (i.e. Family Name or Surname): **STOKES** First Name: **JOANNE** Middle Name: **M**

Mailing Address: **260 OLNEY ST**

City, State Zip Country: **PROVIDENCE, RI 02906 USA**

SECURED PARTY INFORMATION

Org. Name: **KATAN CAPITAL LLC**

Mailing Address: **1 OLD MIDDLETOWN RD, SUITE 200**

City, State Zip Country: **PEARL RIVER, NY 10965 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-103364115-71299958

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