

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: **LOUISQUISSET COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.**

Mailing Address: **1 OVERLOOK CIRCLE**

City, State Zip Country: **NORTH PROVIDENCE, RI 02904 USA**

SECURED PARTY INFORMATION

Org. Name: **UNIVEST CAPITAL, INC.**

Mailing Address: **1041 YORK ROAD**

City, State Zip Country: **WARMINSTER, PA 18974 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-103377875-71306052

COLLATERAL

(1) =LM315GC (11) GAS, LED, JOYSTICK, SPLIT ROLLERS, SWISHER HOLDER, 1.5 MM BEDKNIFE, GRASS BOX WITHOUT RUBBER / USA-CE S# 32370 AS FURTHER DESCRIBED ON A-OK TURF EQUIPMENT, INC. INVOICE #222936 DATED 3/17/2025 FROM CONTRACT# 40127321 TOGETHER WITH ALL SUBSTITUTIONS, ADDITIONS, ATTACHMENTS, REPLACEMENTS, ACCESSIONS, INSURANCE PROCEEDS, ADDITIONAL EQUIPMENT AS MAY BE INCLUDED ON THE SUPPLIER(S)' INVOICE(S) SUBMITTED FOR PAYMENT WITH REGARDS TO THIS CONTRACT AND ALL CASH AND NON-CASH PROCEEDS OF THE FOREGOING.