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: **S FRANCISCO CONSTRUCTION INC**

Mailing Address: **1305 TARKILN RD**

City, State Zip Country: **HARRISVILLE, RI 02830 USA**

Last Name (i.e. Family Name or Surname): **FRANCISCO** *First Name:* **ROBIN** *Middle Name:* **PATRICIA**

Mailing Address: **1305 TARKILN RD**

City, State Zip Country: **HARRISVILLE, RI 02830 USA**

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: **GLENDALE, CA 91203 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-104196953-71714954

COLLATERAL

ALL ASSETS OF THE DEBTORS.