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: **GALLANT ENTERPRISE, INC.**

Mailing Address: **71 HOSPITAL RD.**

City, State Zip Country: **RIVERSIDE, RI 02915 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-0-104328071-71780679

COLLATERAL

ALL BUSINESS ASSETS