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UC	C FINANCING STATEMEN	IT					
FOL	LOW INSTRUCTIONS						
A. ł	IAME & PHONE OF CONTACT AT FILER	(optional)	7				
B. E	-MAIL CONTACT AT FILER (optional)						
C. 5	END ACKNOWLEDGMENT TO: (Name	and Address)					
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1	Bank Rhode Island		¹ <b>!</b>				
	137 Pitman Street						
	Providence, RI 02906						
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L	<del></del>			THE ABOVE S	SPACE IS FO	R FILING OFFICE USE	ÖNLY
i. D	EBTOR'S NAME: Provide only one Debtor r	name (1a or 1b) (use exact, full	name; do not omit, modify, o				
na	ime will not fit in line 1b, leave all of item 1 blank	, check here and provide	the Individual Debtor informa	tion in item 10 of th	he Finencing St	tement Addendum (Form U	CC1Ad)
ſ	1a. ORGANIZATION'S NAME						
	Eastside Neurology Inc						
R	1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
							1
1c. )	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
45	Veterans Memorial Parkway #11		East Providence		RI	02914	USA
ח	ESTOR'S NAME: Provide only one Debtor n	rama (Caraz Shi) Area areast suit	I name: da col combdib		at at the Caberr		
nd nd	time will not fit in line 2b, leave all of item 2 blank	, chack here and provide	the Individual Debter informe	r appreviate any pa tion in item 10 of th	nt of the Debtor he Financing Sta	s name); ir any part or the in itement Addandum (Form Ui	idividual Debtors CC1Ad)
	2a. ORGANIZATION'S NAME	· ·		-			
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nt l	2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
M.	2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	2b. INDIVIDUAL'S SURNAME MAILING ADDRESS		FIRST PERSONAL NAME				
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le. N	MAILING ADDRESS		CITY		STATE	POSTAL CODE	
ic. N		ssignee & assignor seci	CITY	one Secured Party	STATE	POSTAL CODE	
2c. M	MAILING ADDRESS ECURED PARTY'S NAME (or NAME of A	ssignee & Assignor Sect	CITY	one Secured Party	STATE	POSTAL CODE	
Re. N	MAILING ADDRESS  ECURED PARTY'S NAME (or NAME of A  Ba. ORGANIZATION'S NAME  Bank Rhode Island	SSIGNEE & ASSIGNOR SEC	CITY LIRED PARTY); Provide only	one Secured Parly	STATE	POSTAL CODE	COUNTRY
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D. SI	MAILING ADDRESS  ECURED PARTY'S NAME (or NAME of A Sa. ORGANIZATION'S NAME  Bank Rhode Island  56. INDIVIDUAL'S SURNAME	ssignee & Assignor Seci	CITY  LIRED PARTY): Provide only  FIRST PERSONAL NAME	one Secured Party	STATE  Pame (3a or 3b	POSTAL CODE )  NAL NAME(S)/INITIAL(S)	COUNTRY
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## UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line to or to on Financing Statement, if line to was left blank because Individual Debtor name did not fit, check here 99. ORGANIZATION'S NAME Eastside Neurology Inc 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10s. ORGANIZATION'S NAME OR 10b INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 112 ORGANIZATIONS NAME OR 116 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c MAILING ADORESS CITY STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (# applicable) 14. This FINANCING STATEMENT: X covers timber to be cut X covers as extracted collateral X is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in Item 16 5. Description of real estate (If Debtor does not have a record interest) 450 Veterans Memorial Parkway #11 East Providence, RJ 02914.

17. MISCELLANEOUS: