UCC-1 Form

FILER INFORMATION

Full name: **RICHARD NADEAU ESQ.** *Phone:* **401-861-8200**

CONTACT INFORMATION

Contact name: **PARTRIDGE SNOW & HAHN LLP**
Street #1: **40 WESTMINSTER STREET**
Street #2: **SUITE 1100**
City: **PROVIDENCE** *State:* **RI** *ZIP:* **02903** *Country:* **USA**
Notification Method: **E-MAIL** *Email:* **KLF@PSH.COM**

DEBTOR INFORMATION

Org. Name: **BRENTWOOD HEALTH CENTER, LTD.**
Mailing Address1: **4000 POST ROAD**
City: **WARWICK** *State:* **RI** *ZIP:* **02886** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **THE WASHINGTON TRUST COMPANY**
Mailing Address1: **23 BROAD STREET**
City: **WESTERLY** *State:* **RI** *ZIP:* **02891** *Country:* **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION:

COLLATERAL

All assets of the Debtor, including without limitation all tangible and intangible personal property and all fixtures.