<u> </u>				
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional)				
Corporation Service Company 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 104592762 - 335380 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Ri				
SPRFiling@cscinfo.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	3C/(1/10			
104592762 - 335380	7]			
Corporation Service Company 801 Adlai Stevenson Drive				
Springfield, IL 62703 Filed In: RI	hode Island			
L	(S.O.S.) THE ABOVE SPA	CE IS FO	R FILING OFFICE USE	ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full				
name will not fit in line 1b, leave all of item 1 blank, check here and provide 1a ORGANIZATION'S NAME Dennis J. Hart, DPM, PC	the Individual Debtor information in item 10 of the Fi	nancing St	atement Addendum (Form Ut	
OR	,			
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 301 Mendon Road	CITY	STATE	POSTAL CODE	COUNTRY
	Woonsocket	RI	02895	USA
2. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide	name, do not omit, modify, or abbreviate any part of the Individual Debtor information in item 10 of the Fi			
2a. ORGANIZATION'S NAME	.			
OR 2b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	IADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
				John
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	RED PARTY): Provide only one Secured Party nam	e (3a or 3h	1	
3a. ORGANIZATION'S NAME Citizens Bank, N.A.				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
			\-,\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
3c. MAILING ADDRESS One Citizens Plaza	Providence	STATE	POSTAL CODE 02903	COUNTRY
COLLATERAL: This financing statement covers the following collateral:		ľ		,
All personal property of Debtor of every kind and nat				cquired,
including without limitation, the following categories				o)
Commercial Code: goods (including inventory, equip instruments (including promissory notes), documents				•
paper (whether tangible or electronic), deposit accou	· -		•	
evidenced by a writing), commercial tort claims, secu				
(including payment intangibles and software), suppo	•		-	
products and proceeds of the foregoing.				
Any tanner would be unite which in defined in the wife of the	4:-1- O -646- -:6 O:		and the second to all a	
Any term used herein which is defined in either (i) Ar jurisdiction in which this financing statement was sign				
authenticated or (ii) Article 9 of the Uniform Commercial Code as in effect at any relevant time in the jurisdiction in which				
5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)being	administe	red by a Decedent's Personal	Representative
6a. Check only if applicable and check only one box:		_	f applicable and check only or	
Public-Finance Transaction Manufactured-Home Transaction 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	A Debtor is a Transmitting Utility Consignee/Consignor Seller/Buyer	-	ural Lien Non-UCC I lee/Bailor Licens	ee/Licensor
8. OPTIONAL FILER REFERENCE DATA:			<u>—</u>	10459276

FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a, ORGANIZATION'S NAME Dennis J. Hart, DPM, PC 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 10a, ORGANIZATION'S NAME 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 11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): this financing statement is filed, has the meaning to be ascribed thereto with respect to any particular item of property under the more encompassing of the two definitions. This financing statement covers, and is intended to cover, all personal property of the Debtor. 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: covers timber to be cut covers as-extracted collateral is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest); 17. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDENDUM