UCC-3 Form - Continuation

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CONTACT INFORMATION

Contact name: **BANK RHODE ISLAND**
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City: **PROVIDENCE** *State:* **RI** *ZIP:* **02903** *Country:* **USA**
Notification Method: **E-MAIL** *Email:* **SNG@BRKL.COM**

DEBTOR INFORMATION

Org. Name: **THERAPEDIATRICS INC**
Mailing Address1: **55 VILLAGE SQUARE # 6**
City: **WAKEFIELD** *State:* **RI** *ZIP:* **02879** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **BANK RHODE ISLAND**
Mailing Address1: **1140 TEN ROD ROAD**
City: **NORTH KINGSTOWN** *State:* **RI** *ZIP:* **02852** *Country:* **USA**

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