

UCC-3 Form - Continuation

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FILER INFORMATION

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CONTACT INFORMATION

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DEBTOR INFORMATION

Org. Name: **BRITE SMILES OF RI, LLC.**

Mailing Address1: **20 CUMBERLAND HILL RD**

City: **WOONSOCKET** State: **RI** ZIP: **02895** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **BANK OF AMERICA, N.A.**

Mailing Address1: **600 NORTH CLEVELAND AVE SUITE 300**

City: **WESTERVILLE** State: **OH** ZIP: **43082** Country: **USA**

TRANSACTION TYPE: STANDARD

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