

UCC-1 Form

FILER INFORMATION

Full name: **MARY MANSFIELD** *Phone:* **781-891-3594**

CONTACT INFORMATION

Contact name: **BAY COLONY DEVELOPMENT CORP.**
Street #1: **230 THIRD AVENUE**
City: **WALTHAM** *State:* **MA** *ZIP:* **02451** *Country:* **USA**
Notification Method: **E-MAIL** *Email:* **MKMANSFIELD@BAYCOLONY.ORG**

DEBTOR INFORMATION

Org. Name: **MULDOWNEY PHYSICAL THERAPY, INC.**
Mailing Address1: **667 ATWOOD AVENUE**
City: **CRANSTON** *State:* **RI** *ZIP:* **02920** *Country:* **USA**

Org. Name: **MULDOWNEY REALTY LLC**
Mailing Address1: **312 OLD COUNTY ROAD**
City: **SMITHFIELD** *State:* **RI** *ZIP:* **02917** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **BAY COLONY DEVELOPMENT CORP.**
Mailing Address1: **230 THIRD AVENUE**
City: **WALTHAM** *State:* **MA** *ZIP:* **02451** *Country:* **USA**

ASSIGNEE INFORMATION

Org. Name: **U.S. SMALL BUSINESS ADMINISTRATION**
Mailing Address1: **C/O BAY COLONY DEVELOPMENT CORP.**
Mailing Address2: **230 THIRD AVENUE**
City: **WALTHAM** *State:* **MA** *ZIP:* **02451** *Country:* **USA**

TRANSACTION TYPE: STANDARD
COLLATERAL IS / ADMINISTERED BY:
ALTERNATIVE DESIGNATION:

COLLATERAL

All assets of Debtor(s) now owned or later acquired, including any proceeds and products, wherever located.