

UCC-3 Form - Continuation

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FILER INFORMATION

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CONTACT INFORMATION

Contact name: **CT LIEN SOLUTIONS**

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City: **GLENDALE** State: **CA** ZIP: **91209-9071** Country: **USA**

Notification Method: **E-MAIL** Email: **SOSACK@UCCDIRECT.COM**

DEBTOR INFORMATION

Org. Name: **PETITO ORAL SURGERY, LLC**

Mailing Address1: **30 BOW STREET**

City: **EAST GREENWICH** State: **RI** ZIP: **02818** 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

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