

UCC-3 Form - Continuation

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CONTACT INFORMATION

Contact name: **BANK RHODE ISLAND**
Street #1: **ONE TURKS HEAD PLACE**
City: **PROVIDENCE** State: **RI** ZIP: **02903** Country: **USA**
Notification Method: **E-MAIL** Email: **SNG@BRKL.COM**

DEBTOR INFORMATION

Org. Name: **COVENTRY FAMILY DENTAL, LLC**
Mailing Address1: **903 TIOGUE AVENUE**
City: **COVENTRY** State: **RI** ZIP: **02816** Country: **USA**

Org. Name: **DG HOLDING, LLC**
Mailing Address1: **903 TIOGUE AVENUE**
City: **COVENTRY** State: **RI** ZIP: **02816** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **BANK RHODE ISLAND**
Mailing Address1: **ONE TURKS HEAD PLACE**
City: **PROVIDENCE** State: **RI** ZIP: **02903** Country: **USA**

TRANSACTION TYPE: STANDARD
COLLATERAL IS / ADMINISTERED BY:
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