

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: **SPORTS MEDICINE, ORTHOPAEDICS & PODIATRY, INC.**
Mailing Address1: **UNITS 301-304 / 400 MASSASOIT AVENUE**
City: **EAST PROVIDENCE** State: **RI** ZIP: **02916** 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:

ALTERNATIVE DESIGNATION: