

UCC-3 Form - Continuation

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FILER INFORMATION

Full name: **CT LIEN SOLUTIONS** Phone: **(800)331-3282**

CONTACT INFORMATION

Contact name: **CT LIEN SOLUTIONS**

Street #1: **P.O. BOX 29071**

Street #2: **ORDER:56150581**

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

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

DEBTOR INFORMATION

Org. Name: **EAST COAST MEDICAL BILLING CONSULTANTS, LLC**

Mailing Address1: **44 PINWOOD DRIVE**

City: **WEST WARWICK** State: **RI** ZIP: **02893** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **BANK RHODE ISLAND**

Mailing Address1: **PO BOX 9488**

City: **PROVIDENCE** State: **RI** ZIP: **02940** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

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