

# UCC-3 Form - Continuation

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## FILER INFORMATION

Full name: SUSAN CLARK Phone: 401-845-8724

## CONTACT INFORMATION

Contact name: ANTHONY LEONE

Street #1: 184 JOHN CLARKE RD

City: MIDDLETOWN State: RI ZIP: 02842 Country: USA

Notification Method: E-MAIL Email: ANTHONY.LEONE@BANKNEWPORT.COM

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## DEBTOR INFORMATION

Org. Name: OCCUPATIONAL MEDICINE OF NEWPORT, INC

Mailing Address1: 333 VALLEY ROAD

City: MIDDLETOWN State: RI ZIP: 02842 Country: USA

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## SECURED PARTY INFORMATION

Org. Name: BANKNEWPORT

Mailing Address1: 500 WEST MAIN ROAD

City: MIDDLETOWN State: RI ZIP: 02842 Country: USA

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TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: