RI SOS Filing Number: 2017	718533600 Da	te: 9/11/2017	11:53:00) AM	
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141					
B. E-MAIL CONTACT AT FILER (optional)					
CLS-CTLS_Glendale_Customer_Service@wolterskl C. SEND ACKNOWLEDGMENT TO: (Name and Address) 328					
CT Lien Solutions	\neg	•			
P.O. Box 29071	60536014	ļ			
Glendale, CA 91209-9071	RIRI				
1	1				
File with: Secretary of State, Rt				OR FILING OFFICE U	
 DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (us name will not fit in line 1b, leave all of item 1 blank, check here. 	e exact, full name; do not omit, ind provide the Individual Debto				
1# ORGANIZATION'S NAME NARRAGANSETT BAY ANESTHESIA, LLC					h a.'
OR 16. INDIVIDUAL'S SURNAME	FIRST PERSONAL	FIRST PERSONAL NAME		ADDITIONAL NAME(SYNITIAL(S)	
1c. MAILING ADDRESS	CITY	CITY		POSTAI, CODE	COUNTRY
11 Hines Farm Drive	<u> </u>	Cumberland ect, full name, do not omit, modify, or abbreviate any p		02864	USA
28 ORGANIZATION'S NAME OR 26 INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(SYNITIAL(S)	S⊌÷FIX
2c MAILING ADDPRESS	CITY	<u>.</u>	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIG	NOR SECURED BARTY) Box	udo only one Cocyond Ba	t. name (3a or 3	<u> </u>	
30 ORGANIZATIONS NAME	HON SECONED PARTITION	one only one Secureural	(y ria-no (30 0- 3		
The Washington Trust Company, of Westerly OR 36 INDIVIDUAL'S SURNAME	Leibar peacons		Labora		Leuren
30 INDIAMONT 2 SPIKMAME	FIRST PERSONA	FIRST PERSONAL NAME		ADDITIONAL NAME(SYINITIAL(S) SUFFIX	
3c MAILING ADDRESS	CITY	CITY		POSTAL CODE	COUNTRY
23 Broad Street 4. COLLATERAL: This financing statement covers the following collate:	Westerly	<u> </u>	RI	02891	USA
All inventory, equipment, accounts (including but not limit to all promissory notes), letter-of-credit rights, letters of criperformance, and general intangibles (including but not limit oil, gas, other minerals & accounts constituting as-extrictings, increases, tools, parts, repairs, supplies, & common substitutions for all or any part of the foregoing property; property; all records & data and embedded software relating maintain and process any such records & data on electron existing or hereafter arising, whether now owned or hereafter and proceeds (including but not limited to all institutions).	redit, documents, deposit mited to all software and facted collateral; all fixtur- ingled goods relating to tall all insurance refunds rela- ing to the foregoing propinic media; & all supportinater acquired or whether	accounts, investmer all payment intangibles; all timber to be cu he foregoing propert- ting to the foregoing erty, and all equipment ing obligations relating now or hereafter sut	nt property, males); all oil, galet; all attachmay, & all addition property; all gent, inventory is to the foregoect to any right.	oney, other rights to pass & other minerals beents, accessions, accessions, accessions, accessions of a constant of the control of the contro	payment & efore extraction essories, and eforegoing e, create, ther now
Check only if applicable and check only one box. Collateral is he	ld in a Trust (see UCC1Ad, ite	n 17 and Instructions)	being administe	red by a Decedent's Perso	onal Representatr
6a. Check only if applicable and check only one box			6h Check only	if applicable and check or	alv one box

☐ A Debtor is a Transmitting Utility

Consignee/Consignor

Selfer/Buyer

Prepared by Lien Solutions, P.O. Box 29071, G'endale, CA 91209-9071 Tel (800) 331-3282

Non-UCC Filing

Licensee/Licensor

Agricultural Lien

Bailee/Bailor

\$375,000 LOC

Manufactured-Home Transaction

Lessee/Lessor

Public-Finance Transaction

8. OPTIONAL FILER REFERENCE DATA 60536014

7. ALTERNATIVE DESIGNATION (if appl cable)