

UCC-1 Form

FILER INFORMATION

Full name: **CHRISTOPHER P. RHODES, ESQ.**

Email Contact at Filer: **CRHODES@H-RLAW.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **HARRINGTON & RHODES, LTD.**

Mailing Address: **2750 SOUTH COUNTY TRAIL**

City, State Zip Country: **EAST GREENWICH, RI 02818 USA**

DEBTOR INFORMATION

Org. Name: **ELMHURST COMMERCIAL PROPERTIES, LLC**

Mailing Address: **1075 SMITH STREET**

City, State Zip Country: **PROVIDENCE, RI 02908 USA**

Org. Name: **PROVIDENCE BEHAVIORAL HEALTH ASSOCIATES, INC.**

Mailing Address: **1075 SMITH STREET**

City, State Zip Country: **PROVIDENCE, RI 02908 USA**

SECURED PARTY INFORMATION

Org. Name: **COASTWAY COMMUNITY BANK**

Mailing Address: **ONE COASTWAY BOULEVARD**

City, State Zip Country: **WARWICK, RI 02886 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: \$455,500.00 FIRST

COLLATERAL

COLLATERAL MEANS: (A) ALL EQUIPMENT AND MACHINERY, INCLUDING POWER-DRIVEN MACHINERY AND EQUIPMENT, FURNITURE AND FIXTURES NOW OWNED OR HEREAFTER ACQUIRED, TOGETHER WITH ALL REPLACEMENTS THEREOF, ALL ATTACHMENTS, ACCESSORIES, PARTS AND TOOLS BELONGING THERETO OR FOR USE IN CONNECTION THEREWITH. (B) ALL INVENTORY, RAW MATERIALS, WORK IN PROCESS AND SUPPLIES NOW OWNED OR HEREINAFTER ACQUIRED. (C) ALL ACCOUNTS RECEIVABLE NOW OUTSTANDING OR HEREAFTER ARISING. (D) ALL CONTRACT RIGHTS AND GENERAL INTANGIBLES NOW IN FORCE OR HEREAFTER ACQUIRED.