

UCC-1 Form

FILER INFORMATION

Full name: **STEVEN P. DeLUCA, ESQ.**

Email Contact at Filer: **MKARNAUKH@WDGLAW.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **WIECK DeLUCA & GEMMA, INCORPORATED**

Mailing Address: **56 PINE STREET, SUITE 700**

City, State Zip Country: **PROVIDENCE, RI 02903 USA**

DEBTOR INFORMATION

Org. Name: **GERIATRIC CENTERS OF NORTH AMERICA REALTY CORP.**

Mailing Address: **49 OLD POCASSET ROAD**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

SECURED PARTY INFORMATION

Org. Name: **BANK RHODE ISLAND**

Mailing Address: **ONE TURKS HEAD PLACE**

City, State Zip Country: **PROVIDENCE, RI 02903 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: FILE WITH RI SECRETARY OF STATE

COLLATERAL

ALL ASSETS OWNED BY DEBTOR AND USED OR USEABLE IN CONNECTION WITH THE REAL PROPERTY AND IMPROVEMENTS LOCATED AT 53 OLD POCASSET ROAD, JOHNSTON, RHODE ISLAND.