

UCC-1 Form

FILER INFORMATION

Full name: **CRYSTAL OLIVEIRA**

Email Contact at Filer: **COLIVEIRA@COASTWAY.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **COASTWAY COMMUNITY BANK**

Mailing Address: **ONE COASTWAY COMMUNITY BANK**

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

DEBTOR INFORMATION

Org. Name: **SMITHFIELD PEDIATRICS, INC**

Mailing Address: **41 SANDERSON ROAD, SUITE 202**

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

SECURED PARTY INFORMATION

Org. Name: **COASTWAY COMMUNITY BANK**

Mailing Address: **ONE COASTWAY BLVD**

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

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: TERM LOAN 1

COLLATERAL

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