

UCC-1 Form

FILER INFORMATION

Full name: **JOSEPH T. NOTTIE III**

Email Contact at Filer: **CHERYL@NOTTIELAW.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **LAW OFFICE OF JOSEPH T. NOTTIE III,INC**

Mailing Address: **77 ROLFE SQUARE**

City, State Zip Country: **CRANSTON, RI 02910 USA**

DEBTOR INFORMATION

Org. Name: **CAPUTO CHIROPRACTIC INC.**

Mailing Address: **1040 OAKLAWN AVENUE**

City, State Zip Country: **CRANSTON, RI 02920 USA**

SECURED PARTY INFORMATION

Org. Name: **HARBORONE BANK**

Mailing Address: **770 OAK STREET**

City, State Zip Country: **BROCKTON, MA 02301 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

EQUIPMENT: ALL OF DEBTOR'S PRESENTLY OWNED AND HEREAFTER ACQUIRED MACHINERY AND EQUIPMENT (EXCLUDING AUTOMOTIVE EQUIPMENT), FURNITURE, FIXTURES, AND ALL OTHER TANGIBLE PERSONAL PROPERTY OF WHATEVER KIND OR NATURE, TOGETHER WITH ALL PRODUCTS THEREOF, AND ALL SUBSTITUTIONS, REPLACEMENTS, ADDITIONS AND ACCESSIONS THEREFOR OR THERETO, AND ALL CASH OR NON CASH PROCEEDS OF ALL THE FOREGOING, INCLUDING INSURANCE PROCEEDS (ALL OF WHICH IS SOMETIMES HEREINAFTER REFERRED TO AS "EQUIPMENT") LOCATED AT 1040 OAKLAWN AVENUE, CRANSTON, RHODE ISLAND AND DESCRIBED IN EXHIBIT A ATTACHED HERETO. THE RECORD OWNER OF THE REAL ESTATE ON WHICH THE EQUIPMENT IS LOCATED IS EDWARD T. CAPUTO AND JUDITH M. GALLAGHER.