

UCC-1 Form

FILER INFORMATION

Full name: **JEAN FALLAGO**

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Mailing Address: **132B PLEASANT VIEW**

City, State Zip Country: **SMITHFIELD, RI 02917 USA**

DEBTOR INFORMATION

Org. Name: **RESNEVIC FAMILY DENTAL, LLC**

Mailing Address: **895 PUTNAM PIKE**

City, State Zip Country: **CHEPACHET, RI 02814 USA**

Last Name (i.e. Family Name or Surname): **RESNEVIC** *First Name:* **JEAN**

Mailing Address: **895 PUTNAM PIKE**

City, State Zip Country: **CHEPACHET, RI 02814 USA**

SECURED PARTY INFORMATION

Org. Name: **RESNEVIC DENTAL, LLC**

Mailing Address: **12 BLUEMIST DRIVE**

City, State Zip Country: **MANVILLE, RI 02838 USA**

ASSIGNEE INFORMATION

Last Name (i.e. Family Name or Surname): **RESNEVIC** *First Name:* **GEORGE**

Mailing Address: **12 BLUEMIST DRIVE**

City, State Zip Country: **MNVILLE, RI 02838 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RESNEVIC UCC1

COLLATERAL

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