

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO (Name and Address) 38557 - TIAA Commercial Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 70926554 RIRI	

File with: Secretary of State, RI

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. **DEBTOR'S NAME:** Provide only one Debtor name (1a or 1b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name). If any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME BENEDICT J. INGEGNERI, JR., D.M.D., P.C., INC.				
OR				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS				
3231 MENDON RD.		CITY CUMBERLAND	STATE RI	POSTAL CODE 02864
			COUNTRY USA	

2. **DEBTOR'S NAME:** Provide only one Debtor name (2a or 2b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name). If any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS				
		CITY	STATE	POSTAL CODE
				COUNTRY

3. **SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY):** Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME TIAA COMMERCIAL FINANCE INC.				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS				
10 WATERVIEW BLVD.		CITY PARSIPPANY	STATE NJ	POSTAL CODE 07054
			COUNTRY USA	

4. **COLLATERAL:** This financing statement covers the following collateral:

All items of equipment (and other related assets, including the assets described below) financed and encumbered pursuant to an agreement between Secured Party and Debtor named above. All items of personal property described in the attached Asset Description.

5. Check only if applicable and check only one box. Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box.

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box

☐ Agricultural Lien ☐ Non-UCC Filing

7. **ALTERNATIVE DESIGNATION (if applicable)** ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. **OPTIONAL FILER REFERENCE DATA**

70926554

41966501

Healthcare

Asset Description for UCC Filing

Quantity	Asset Description	Make	Model	Serial #
1	1. POWEREDGE T340/ T3	DELL	POWEREDGE T340	
10	10. WINDOWS 10 PRO	MICROSOFT	WINDOWS	
2	2. CLINICAL AIO SYSTEM/OPTIFLEX 7460	DELL	OPTIFLEX 7460	
3	3. DEXIS SOFTWARE	DEXIS	SOFTWARE	
1	1. DELL POWEREDGE T320 SERVER	DELL	POWEREDGE T320	
9	9. DELL INSPIRON 23	DELL	INSPIRON 23	
4	4. DELL OPTIFLEX 9030	DELL	OPTIFLEX 9030 ALL IN ONE	
1	1. SAMSUNG 40" LED MONITOR	SAMSUNG	40" LED MONITOR	
1	1. SOFTCOST-PIS	SOFTCOSTS	SOFTCOSTS	
1	1. AVAYA SMARTPHONE-4 LINE	AVAYA	3641 WIRELESS IP PHONE	
1	1. SOFTCOSTS SOFTCOSTS	SOFTCOSTS	SOFTCOSTS	