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# **UCC-1 Form**

## FILER INFORMATION

Full name: RICHARD F. HENTZ, ESQ.

Email Contact at Filer: DJONES@MHLAWPC.COM

## SEND ACKNOWLEDGEMENT TO

Contact name: McGunagle Hentz

Mailing Address: 2088 Broad Street

City, State Zip Country: CRANSTON, RI 02905 USA

# **DEBTOR INFORMATION**

Org. Name: NOR'EASTER MEDICAL LLC

Mailing Address: 2 PINE GROVE AVENUE
City, State Zip Country: LINCOLN, RI 02865 USA

#### SECURED PARTY INFORMATION

Org. Name: CITIZENS BANK, N.A.

Mailing Address: ONE CITIZENS PLAZA

City, State Zip Country: PROVIDENCE, RI 02903 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI SECRETARY OF STATE- SBA LOAN#40677170-09

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