RI SOS Filing Number: 201921923160 Date: 12/10/2019 1:42:00 PM

[redacted]

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT FILER (optional)
CSC 1-800-858-5294

B E-MAIL CONTACT AT FILER (optional)
SPRFiling@cscglobal.com

C SEND ACKNOWLEDGMENT TO (Name and Address)

1740 /4190 fillngacks@cscinfo.com
CSC
801 Adlai Stevenson Drive
Springfield, IL 62703

Filed In: Rhode Island
(S O S)

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: Brown Vision Care, INC

OR

1b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

1c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
400 Warren Ave	East Providence	RI	02914-3826	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: Stearns Bank Equipment Finance

OR

3b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

3c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
PO Box 327	Albany	MN	56307-0327	USA

4 COLLATERAL: This financing statement covers the following collateral:

4 Custom Exam Desks Construction Financing QTY 1
Model:4 Custom Exam Desks
ALL PERSONAL PROPERTY OF DEBTOR OF EVERY KIND AND NATURE, WHEREVER LOCATED, WHETHER NOW OWNED OR HEREAFTER ACQUIRED, INCLUDING WITHOUT LIMITATION, THE FOLLOWING CATEGORIES OF PROPERTY AS DEFINED IN REVISED ARTICLE 9 OF THE UNIFORM COMMERCIAL CODE: GOODS (INCLUDING INVENTORY, EQUIPMENT, FIXTURES AND ANY ACCESSIONS THERETO), INSTRUMENTS(INCLUDING PROMISSORY NOTES), DOCUMENTS, ACCOUNTS (INCLUDING HEALTH-CARE-INSURANCE RECEIVABLES), CHATTEL PAPER(WHETHER TANGIBLE OR ELECTRONIC), DEPOSIT ACCOUNTS, LETTER-OF-CREDIT RIGHTS(WHETHER OR NOT THE LETTER OF CREDIT IS EVIDENCED BY A WRITING), COMMERCIAL TORT CLAIMS, SECURITIES AND ALL OTHER INVESTMENT PROPERTY, GENERAL INTANGIBLES(INCLUDING PAYMENT INTANGIBLES AND SOFTWARE), SUPPORTING OBLIGATIONS AND ANY AND ALL PROCEEDS OF THE FOREGOING.

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: 1627

1740 74190

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)