

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **MICHELLE M VINCENT**

*Email Contact at Filer:* **MVINCENT@CRESTMARK.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **CRESTMARK VENDOR FINANCE, A DIVISION OF METABANK**

*Mailing Address:* **5480 CORPORATE DRIVE, SUITE 350**

*City, State Zip Country:* **TROY, MI 48098 USA**

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## DEBTOR INFORMATION

*Org. Name:* **RYAN HEALTH CENTER, INC.**

*Mailing Address:* **80 MORGAN AVE**

*City, State Zip Country:* **JOHNSTON, RI 02919 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **CRESTMARK VENDOR FINANCE, A DIVISION OF METABANK**

*Mailing Address:* **5480 CORPORATE DRIVE, SUITE 350**

*City, State Zip Country:* **TROY, MI 48098 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RYAN HEALTH CENTER, INC. #195913-VF000**

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## COLLATERAL

ALL OF THE EQUIPMENT AND ALL MODIFICATIONS, ADDITIONS, REPLACEMENTS AND SUBSTITUTIONS AND PROCEEDS THERETO, IN WHOLE OR IN PART, AS DESCRIBED ON EQUIPMENT FINANCE AGREEMENT #195913-VF000, DATED DECEMBER 17, 2019 BETWEEN DEBTOR AND CRESTMARK VENDOR FINANCE, A DIVISION OF METABANK, AS LENDER, AS IT MAY BE AMENDED FROM TIME TO TIME, TOGETHER WITH ALL FINANCE PAYMENTS AND OTHER AMOUNTS PAYABLE THEREUNDER, INCLUDING ALL PROCEEDS AND INSURANCE PROCEEDS.