

UCC-1 Form

FILER INFORMATION

Full name: **BARBARA MCGUIRE**

Email Contact at Filer: **BMCGUIRE@BDCNEWENGLAND.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **NEW ENGLAND CERTIFIED DEVELOPMENT CORP**

Mailing Address: **500 EDGEWATER DRIVE, SUITE 555**

City, State Zip Country: **WAKEFIELD, MA 01880 USA**

DEBTOR INFORMATION

Org. Name: **MCGOVERN ENTERPRISES, LLC**

Mailing Address: **66 NOOSENECK HILL RD**

City, State Zip Country: **WEST GREENWICH, RI 02817 USA**

Org. Name: **COVENTRY PHYSICAL THERAPY AND SPORTS MEDICINE, INC.**

Mailing Address: **99 NOOSENECK HILL ROAD**

City, State Zip Country: **WEST GREENWICH, RI 02817 USA**

SECURED PARTY INFORMATION

Org. Name: **NEW ENGLAND CERTIFIED DEVELOPMENT CORPORATION**

Mailing Address: **500 EDGEWATER DRIVE, SUITE 555**

City, State Zip Country: **WAKEFIELD, MA 01880 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: COVENTRY3685856001

COLLATERAL

ALL PERSONAL PROPERTY OF THE DEBTORS NOW OR HEREAFTER ACQUIRED WITH PROCEEDS FROM THAT CERTAIN FINANCING BY NEW ENGLAND CERTIFIED DEVELOPMENT CORPORATION AND THE UNITED STATES SMALL BUSINESS ADMINISTRATION MADE PURSUANT TO THAT CERTAIN SBA AUTHORIZATION NUMBERED 36858560-01 AND DATED FEBRUARY 18, 2009, AS AMENDED; INCLUDING, BUT NOT LIMITED TO, A LANDIS REHABILITATION TREADMILL MODEL L7 LTD VALUED AT \$5,100.00.