

UCC-1 Form

FILER INFORMATION

Full name: **CRYSTAL OLIVEIRA**

Email Contact at Filer: **COLIVEIRA@HARBORONE.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **HARBORONE BANK**

Mailing Address: **770 OAK STREET**

City, State Zip Country: **BROCKTON, MA 02301 USA**

DEBTOR INFORMATION

Org. Name: **MICHAEL M GOODING, D.M.D. LTD.**

Mailing Address: **1422 WARWICK AVENUE**

City, State Zip Country: **WARWICK, RI 02888-5026 USA**

SECURED PARTY INFORMATION

Org. Name: **HARBORONE BANK**

Mailing Address: **770 OAK STREET**

City, State Zip Country: **BROCKTON, MA 02301 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 3561451711

COLLATERAL

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