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# **UCC-1 Form**

## FILER INFORMATION

Full name: WOLTERS KLUWER LIEN SOLUTIONS

Email Contact at Filer: CTLSWebAck@wolterskluwer.com

# SEND ACKNOWLEDGEMENT TO

Contact name: LIEN SOLUTIONS

Mailing Address: P.O. Box 29071

City, State Zip Country: GLENDALE, CA 91209-9071 USA

# **DEBTOR INFORMATION**

Org. Name: CARING FOR WOMEN, INC.

Mailing Address: 166 TOLL GATE RD

City, State Zip Country: WARWICK, RI 02886 USA

#### SECURED PARTY INFORMATION

Org. Name: ASD SPECIALTY HEALTHCARE LLC

Mailing Address: 5025 PLANO PARKWAY

City, State Zip Country: CARROLLTON, TX 75010 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-73819764-58584045

## **COLLATERAL**

Debtor grants to Secured Party a purchase money security interest in Inventory and a lien upon and security interest in all its personal property and any and all additions, substitutions, Accessions and Proceeds thereto or thereof, wherever located, and now owned or hereafter acquired or arising, including the following (collectively, the "Collateral"): All of Debtor's (a) Accounts; (b) Inventory; (c) Chattel Paper; (d) Commercial Tort Claims as disclosed on Debtor's Financial Statements; (e) Deposit Accounts; (f) Documents; (g) Equipment; (h) General Intangibles; (i) Goods; (j) Instruments; (k) Investment Property; (l) Letter of Credit Rights; (m) insurance on all of the foregoing and the proceeds of that insurance; (n) Debtor's money and other property of every kind and nature now or at any time or times hereafter in the possession of or under the control of Secured Party; and (o) the Cash proceeds, Noncash proceeds and products of all of the foregoing and the Proceeds of other Proceeds. All capitalized terms used but not defined herein have the meanings given to them in the Uniform Commercial Code as in effect in any jurisdiction in which any of the Collateral may at the time be located (the "UCC").