

UCC-1 Form

FILER INFORMATION

Full name: CORPORATION SERVICE COMPANY

Email Contact at Filer: RISOSUCCFILINGSV3@CSCGLOBAL.COM

SEND ACKNOWLEDGEMENT TO

Contact name: CORPORATION SERVICE COMPANY

Mailing Address: 801 ADLAI STEVENSON DRIVE

City, State Zip Country: SPRINGFIELD, IL 62703 USA

DEBTOR INFORMATION

Org. Name: NORTHERN RHODE ISLAND PHYSICAL THERAPY, INC.

Mailing Address: 1 GARNETT LANE

City, State Zip Country: GREENVILLE, RI 02828 USA

SECURED PARTY INFORMATION

Org. Name: CITIZENS BANK, N.A.

Mailing Address: ONE CITIZENS PLAZA

City, State Zip Country: PROVIDENCE, RI 02903 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 1804 89191

COLLATERAL

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