

# UCC-1 Form

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## FILER INFORMATION

*Full name:*

*Email Contact at Filer:* RGASTON@OSBDA.COM

## SEND ACKNOWLEDGEMENT TO

*Contact name:* OCEAN STATE BUSINESS DEVELOPMENT AUTHORITY, INC.

*Mailing Address:* 155 SOUTH MAIN STREET, STE 403

*City, State Zip Country:* PROVIDENCE, RI 02903 USA

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## DEBTOR INFORMATION

*Org. Name:* NORTHPAWS VETERINARY CENTER, INC.

*Mailing Address:* 564 PUTNAM PIKE

*City, State Zip Country:* GREENVILLE, RI 02828 USA

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## SECURED PARTY INFORMATION

*Org. Name:* US SMALL BUSINESS ADMINISTRATION

*Mailing Address:* 380 WESTMINSTER MALL, 5TH FLOOR

*City, State Zip Country:* PROVIDENCE, RI 02903 USA

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## TRANSACTION TYPE: STANDARD

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## COLLATERAL

ALL BUSINESS ASSETS