

UCC-1 Form

FILER INFORMATION

Full name: **CHRISTOPHER P. RHODES, ESQ.**

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SEND ACKNOWLEDGEMENT TO

Contact name: **HARRINGTON & RHODES, LTD.**

Mailing Address: **2750 SOUTH COUNTY TRAIL**

City, State Zip Country: **EAST GREENWICH, RI 02818 USA**

DEBTOR INFORMATION

Org. Name: **PRM, LLC**

Mailing Address: **875 CENTERVILLE ROAD, UNIT 3**

City, State Zip Country: **WARWICK, RI 02886 USA**

Org. Name: **NORTH EAST INSTITUTE OF PLASTIC SURGERY, INC.**

Mailing Address: **875 CENTERVILLE ROAD, UNIT 3**

City, State Zip Country: **WARWICK, RI 02886 USA**

SECURED PARTY INFORMATION

Org. Name: **GREENWOOD CREDIT UNION**

Mailing Address: **2669 POST ROAD**

City, State Zip Country: **WARWICK, RI 02886 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

COLLATERAL MEANS: ALL EQUIPMENT AND MACHINERY, INCLUDING POWER-DRIVEN MACHINERY AND EQUIPMENT, FURNITURE AND FIXTURES NOW OWNED OR HEREAFTER ACQUIRED, TOGETHER WITH ALL REPLACEMENTS THEREOF, ALL ATTACHMENTS, ACCESSORIES, PARTS AND TOOLS BELONGING THERETO OR FOR USE IN CONNECTION THEREWITH AS MAY BE LOCATED AT OR USED IN CONJUNCTION WITH THE LANDS AND PREMISES LOCATED AT 875 CENTERVILLE ROAD, UNIT 3, WARWICK, RI 02886.