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# **UCC-1 Form**

# FILER INFORMATION

Full name: CORPORATION SERVICE COMPANY

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# 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: GENERATIONS ADULT DAY HEALTH CENTER

Mailing Address: 267 Jenckes Hill Road

City, State Zip Country: SMITHFIELD, RI 02917 USA

#### SECURED PARTY INFORMATION

Org. Name: U.S. SMALL BUSINESS ADMINISTRATION

Mailing Address: 2 North Street, Suite 320
City, State Zip Country: BIRMINGHAM, AL 35203 USA

TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: 1919 73128** 

# **COLLATERAL**

ALL TANGIBLE AND INTANGIBLE PERSONAL PROPERTY, INCLUDING, BUT NOT LIMITED TO: (A) INVENTORY, (B) EQUIPMENT, (C) INSTRUMENTS, INCLUDING PROMISSORY NOTES (D) CHATTEL PAPER, INCLUDING TANGIBLE CHATTEL PAPER AND ELECTRONIC CHATTEL PAPER, (E) DOCUMENTS, (F) LETTER OF CREDIT RIGHTS, (G) ACCOUNTS, INCLUDING HEALTH-CARE INSURANCE RECEIVABLES AND CREDIT CARD RECEIVABLES, (H) DEPOSIT ACCOUNTS, (I) COMMERCIAL TORT CLAIMS, (J) GENERAL INTANGIBLES, INCLUDING PAYMENT INTANGIBLES AND SOFTWARE AND (K) AS-EXTRACTED COLLATERAL AS SUCH TERMS MAY FROM TIME TO TIME BE DEFINED IN THE UNIFORM COMMERCIAL CODE. THE SECURITY INTEREST BORROWER GRANTS INCLUDES ALL ACCESSIONS, ATTACHMENTS, ACCESSORIES, PARTS, SUPPLIES AND REPLACEMENTS FOR THE COLLATERAL, ALL PRODUCTS, PROCEEDS AND COLLECTIONS THEREOF AND ALL RECORDS AND DATA RELATING THERETO. 895446 7806