

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **RICHARD F. HENTZ, ES.Q**

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## SEND ACKNOWLEDGEMENT TO

*Contact name:* **MCGUNAGLE HENTZ, PC**

*Mailing Address:* **2088 BROAD STREET**

*City, State Zip Country:* **CRANSTON, RI 02905 USA**

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## DEBTOR INFORMATION

*Org. Name:* **SHEEHAN PSYCHOTHERAPY ASSOCIATES, INC.**

*Mailing Address:* **33 COLLEGE HILL ROAD, BLDG. 33-E**

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

*Org. Name:* **ASHLEY E. MARZULLO, MA, CAGS, LMHC, INC.**

*Mailing Address:* **33 COLLEGE HILL ROAD, BLDG. 33-E**

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

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## SECURED PARTY INFORMATION

*Org. Name:* **CITIZENS BANK, N.A.**

*Mailing Address:* **ONE CITIZENS PLAZA**

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

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: SBA LOANS # 68727182-03 AND #68774382-01**

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