

# UCC-1 Form

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## 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**

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## DEBTOR INFORMATION

*Org. Name:* **OCEAN STATE LASER AND AESTHETICS, INC.**

*Mailing Address:* **2740 SOUTH COUNTY TRAIL**

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

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## SECURED PARTY INFORMATION

*Org. Name:* **NAVITAS CREDIT CORP.**

*Mailing Address:* **201 EXECUTIVE CENTER DRIVE, SUITE 100**

*City, State Zip Country:* **COLUMBIA, SC 29210 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: 1997 35679**

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## COLLATERAL

1 CANDELA NORDLYS TREATMENT SYSTEM AND ACCESSORIES AND ALL REPLACEMENTS, REPLACEMENT PARTS, ACCESSIONS AND ATTACHMENTS NOW OR HEREAFTER MADE A PART OF ANY OF THE EQUIPMENT, AND ALL CASH AND NON-CASH PROCEEDS, GENERAL INTANGIBLES, ACCOUNTS AND CHATTEL PAPER ARISING OUT OF ANY OF THE FOREGOING.