

UCC-1 Form

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**

DEBTOR INFORMATION

Org. Name: **OCEAN STATE MONTESSORI SCHOOL, INC.**

Mailing Address: **100 GROVE AVENUE**

City, State Zip Country: **EAST PROVIDENCE, RI 02914 USA**

SECURED PARTY INFORMATION

Org. Name: **APPLE INC.**

Mailing Address: **PO Box 35701**

City, State Zip Country: **BILLINGS, MT 59107 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 450-0029866-000 2001 78100

COLLATERAL

ALL EQUIPMENT, DESCRIBED HEREIN OR OTHERWISE, LEASED TO OR FINANCED FOR THE DEBTOR BY SECURED PARTY UNDER THAT CERTAIN MASTER LEASE AGREEMENT No. 450-0029866-000 INCLUDING ALL ACCESSORIES, ACCESSIONS, REPLACEMENTS, ADDITIONS, SUBSTITUTIONS, ADD-ONS AND UPGRADES THERETO, AND ANY PROCEEDS THEREFROM.