

UCC-3 Form - AMENDMENT

AMENDMENT ACTION - DEBTOR CHANGE

Original File Number: **202023937170**

FILER INFORMATION

Full name: **KRISTY BERTSCH**

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SEND ACKNOWLEDGEMENT TO

Contact name: **UNISEARCH, INC.**

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City, State Zip Country: **TUMWATER, WA 98512 USA**

CURRENT RECORD INFORMATION

Org. Name: **NORTH PROVIDENCE PRIMARY CARE ASSOCIATION**

DEBTOR INFORMATION

Org. Name: **NORTH PROVIDENCE PRIMARY CARE ASSOCIATES, INC.**

Mailing Address: **1830 MINERAL SPRING AVE.**

City, State Zip Country: **NORTH PROVIDENCE, RI 02904 USA**

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: NEWTEK SMALL BUSINESS FINANCE, LLC

CUSTOMER REFERENCE: 1290647
